



**PLUMBING / HVAC  
PERMIT APPLICATION & REQUIREMENTS**  
**Town of Islip Building Division**  
**One Manitton Court, Islip, NY 11751**  
**www.islipny.gov**

***This permit expires 1 year from date of issuance; three consecutive renewals permitted.***

***Dormant applications in excess of 180 days are considered abandoned and are subject to destruction after 30 days' notice. No refunds will be given.***

**Please visit our website for the current application and requirements prior to starting any job.**

<b>FOR OFFICE USE ONLY – ZONING REVIEW, if applicable</b> (Enter comments in PermitNet)	
<input type="checkbox"/> DCR	
<input type="checkbox"/> Site Plan	
<input type="checkbox"/> ZBA	
Date:	
By:	

<b>FOR OFFICE USE ONLY</b>	
PLACE STICKER HERE	
Filing Date: _____	By: _____
Zoning Letter for Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	As-built Survey Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Zoning Approval Date: _____	By: _____
Plans Examiner Approval Date: _____	By: _____
Approved to Issue Date: _____	By: _____
Issued Date: _____	By: _____
Permit Expiration Date: _____	
Special Conditions of Permit: _____	
Filing Fee: \$ _____	
Permit Fee: \$ _____	
Total Fee: \$ _____	C/O Issued: _____

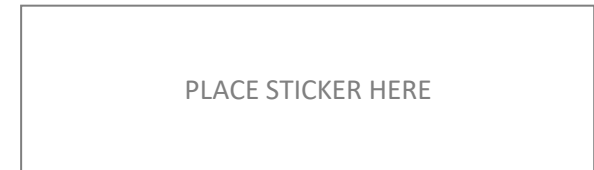
<b>Subject Address:</b> _____				
No / Street	Tenant / Suite #	City	State	Zip
<b>Tax Map #: 0500 -</b> _____ - _____ - _____		<b>Property Type:</b> <input type="checkbox"/> Commercial* <input type="checkbox"/> Residential		
Section	Block	Lot	*Additional permit requirements may apply, please check with a Plans Examiner	

<b>Property Owner*:</b> _____	_____	_____
Full Name	Email	Phone
<b>Mailing Address:</b> _____		
No / Street	City	State Zip
<small>* If property was purchased within the last 6 months, a copy of the deed or closing papers indicating the deed was sent to Suffolk County to be recorded is required. If property owner is a corporation or LLC, legal paperwork stating the person signing the application is an authorized signator for the Corporation or LLC is required.</small>		

<b>Tenant (indicate if vacant or n/a):</b>			
_____	_____	_____	_____
Full Name	Business Name	Email	Phone
<b>Mailing Address:</b> _____			
No / Street	City	State	Zip

<b>Plumber:</b> _____	_____	_____
Full Name	Business Name	Phone
<b>Mailing Address:</b> _____		
No / Street	City	State Zip
Town of Islip License # _____		

<b>Expeditor / Design Professional:</b> _____	_____	_____
Business Name	Contact Name	Phone
<b>Mailing Address:</b> _____		
No / Street	City	State Zip



## SECTIONS I, II, and III MUST BE COMPLETED

### I. SCOPE OF WORK - Provide a detailed description of proposed work to be performed

Is this work associated with a building permit application?  NO  YES (If yes, building permit # \_\_\_\_\_)

Description of Work:  
 \_\_\_\_\_  
 \_\_\_\_\_

### II. FIXTURE QUANTITIES<sup>8</sup> - Provide riser diagram on plumber's letterhead, indicating by floor, all fixture connections (number and type).

	Indicate quantities below for each fixture type and whether NEW-Never Existed (N), RELOCATED (R), or DIRECT REPLACEMENT (consult with plans examiner) (D)														Indicate quantities below for each fixture type and whether NEW-Never Existed (N), RELOCATED (R), or DIRECT REPLACEMENT (consult with plans examiner) (D)																	
	Basement			1 <sup>st</sup> Floor			2 <sup>nd</sup> Floor			3 <sup>rd</sup> Floor			Accessory Structure			Basement			1 <sup>st</sup> Floor			2 <sup>nd</sup> Floor			3 <sup>rd</sup> Floor			Accessory Structure				
	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D	N	R
Dishwasher																																Urinal
Kitchen Sink																																Washer
Bathroom Sink																																Other
Tub/Shower																																Other
Toilet																																Other

Other fixtures can include: Mop sinks, ejector pumps, floor drains, floor sinks, grease traps, medical chairs, drinking fountains, refreshment stations, hand sinks, bar sinks, VAV fixtures with coil, or any other fixtures involving waste or water lines.

### III. PERMIT TYPE – See page 3 for corresponding notes associated with footnote reference marks below. Enter quantity of units for all that apply:

Quantity	SCOPE	Quantity	SCOPE	Quantity	SCOPE	Quantity	SCOPE
	Gas Test <sup>1</sup> /Line Repair <sup>1</sup>		Reconnect Plumbing <sup>12</sup>		MUA Unit Install <sup>5</sup>		Lawn Sprinkler Install <sup>11</sup>
	Boiler <sup>1, 9</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wall hung? Yes <input type="checkbox"/> No <input type="checkbox"/>		Gas BBQ/Fire Pit <sup>1, 4</sup>		Ductwork Install <sup>5</sup>		Oil Tank Abandonment <sup>7</sup>
	Gas Dryer <sup>1, 4</sup>		Generator <sup>1, 3, 4</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/>		ERV Unit Install <sup>5</sup>		Oil Tank Install <sup>7</sup> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
	Water Heater <sup>1</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/>		Rooftop Unit Piping <sup>1, 5</sup>		Rooftop Unit Install <sup>5</sup>		Propane Tank Install <sup>4</sup>
	Furnace <sup>1, 9</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/>		Gas Fireplace <sup>1, 2</sup>		Commercial Kitchen Hood <sup>6</sup>	<input type="checkbox"/>	Change of Plumber <sup>13</sup>
	Suspended Gas Heater <sup>1</sup>		Pool Heater <sup>1, 10</sup> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric* <input type="checkbox"/> <small>*Electric heater - no permit required, but Electrical Cert is required<sup>10</sup></small>		HVAC: <sup>5</sup> <input type="checkbox"/> Heat <input type="checkbox"/> AC Only <input type="checkbox"/> Combo <input type="checkbox"/> Mini Split	<input type="checkbox"/>	Other:
	Gas Stove <sup>1</sup> Indicate floor _____		Indirect Hot Water / Storage Tank <sup>9</sup>				

Is Propane Gas involved?<sup>4</sup>  Yes  No      If yes, Company Name: \_\_\_\_\_

Is Medical Gas involved?  Yes  No      If yes, Certification #'s: \_\_\_\_\_

**THE FOLLOWING REQUIREMENTS CORRELATE TO FOOTNOTE REFERENCE MARKS IN SECTION III:**

1. **GAS PERMITS** – Riser diagrams on the Master Plumbers letterhead are required, and must indicate ***by floor***, the type, width, and length of piping to each gas connection. Connections must be labeled as new, direct replacement or existing. Existing appliances must be labeled with the manufacturer date and if not previously permitted, may require an additional gas permit.  
Pressure tests are required; the plumber and a Town of Islip Plumbing Inspector must be present during the gas test.
2. **GAS FIREPLACES** require a separate building permit unless it is a fireplace insert being inserted into an existing masonry fireplace listed on the Certificate of Occupancy (or deemed original by a Building Inspector).
3. **GENERATORS** – See Generator Permit Requirements (commercial or residential as applicable); separate permit required – cannot be combined with any other plumbing/hvac permits.
4. **PROPANE LP GAS PERMITS** – Must be filed by a TOI Licensed Gas Company servicing the account. A diagram showing the proposed placement of the tank is required. The Fire Marshal issues permits for residential installations when the tank is 420 lbs. (100 gallons) or greater, and for ALL commercial installations.
5. **HVAC PERMITS** – An accurate survey showing the location of the proposed condensers is required, along with the elevation (if raised), and screening (both rooftop and ground-mounted systems must be screened from offsite view).
  - Residential systems also require: floorplans showing the duct layout (no mechanical drawings required) and Manuals S, J and D (prepared by the HVAC contractor or HERS rater); Manual D is not required for ductless systems.
  - Commercial systems also require signed/sealed mechanical plans by a NYS RDP.
  - Relocated or Direct Replacements also require a cut sheet of the replacement unit, and the existing unit must already be on the CO or deemed original by a Plumbing Inspector.
6. **COMMERCIAL KITCHEN / EXHAUST HOOD PERMITS** require Kitchen Hood packet completed by qualified installer.
7. **OIL TANK INSTALLATION OR ABANDONMENT PERMITS** require a physical inspection (install) or an abandonment certificate (if applicable) from the certified company performing such work. A diagram showing the proposed placement of exterior tanks is required. A permit is required to remove any oil tank that is listed on a Certificate of Occupancy. A Fire Prevention System Permit is required for all commercial properties.
8. **PLUMBING FIXTURE PERMITS** require a fixture riser diagram indicating, ***by floor***, all fixture connections shown on the plumber’s letterhead. Be sure to indicate number of fixtures and type in the chart on page 2.
9. **NEW BOILER, FURNACE & DIRECT REPLACEMENT of HVAC UNIT** require manufacture cut sheets.
10. **POOL HEATERS** – A diagram showing the proposed placement of the heater is required. Pool must be on CO. A permit is not required for electric pool heaters, but applicant must supply an Electrical Certificate to the Records Dept.
11. **LAWN SPRINKLER PERMITS** require a diagram of design, rain gauge(s) and backflow prevention device.
12. **PLUMBING RECONNECT PERMITS** can only be issued in conjunction with a permit for a house lift, addition, interior alteration or relocate structure.
13. **CHANGE OF PLUMBER** – Provide a letter from the Owner explaining why the plumber is being changed.

**APPLICATION SUBMISSION OPTIONS:**

1. **Electronic Submittal (preferred)** – Please refer to the **Building Permit – Electronic Submittal Process** flyer on our website. No hardcopies of documents are required with the initial electronic submission unless otherwise referenced in the flyer. Our staff will advise you on the total number of hardcopy documents required prior to permit issuance
2. **Hardcopy Submittal** – Please refer to our website for **Application Requirements** submittal process currently in effect. Submit one copy of each required document upon submission; additional copies may be requested at a later date.

**APPLICATION SUBMISSION REQUIREMENTS:**

1. **Application** – A Plumbing/HVAC Permit Application completed in its entirety.
2. **Fee** – a non-refundable fee is due at the time of application. The total permit fee will be calculated and due prior to permit issuance.

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3. Plumbers License and Insurance – The Plumbers license and insurance must be valid for the duration of the application.
4. Insurance Certificates – All insurance certificates must be insured to the business address under the plumber’s name or business name. Insurance must be current for the duration of the application. *ACORD Forms are not acceptable proof of NYS Worker’s Compensation or Disability benefits insurance coverage.*
  - a. NYS Workers Compensation Insurance – Town of Islip must be listed as Entity Requesting Proof of Coverage. Acceptable forms include NYS Form C-105.2, NYS GSI-105.2 (2/02), NYS Form U-26.3, or if exempt, signed & dated NYS Form CE-200.
  - b. NYS Disability Insurance – The Town of Islip must be listed as the Entity Requesting Proof of Coverage. Acceptable forms include NYS Form DB-120.1, NYS Form DB-155, or if exempt, signed & dated NYS Form CE-200.
  - c. Liability Insurance – The Town of Islip must be listed as Certificate Holder **and** Additional Insured. Coverage must be listed at \$1,000,000 for each accident and property damage; \$1,000,000 for each person; and \$1,000,000 for each accident providing coverage for liability arising out of plumbing operations conducted in the Town of Islip.
5. Documentation – Each permit type requires documentation specific to the proposed action; please see the footnotes / requirements associated with the permit being sought on page 3 of this application.

**REQUIREMENTS PRIOR TO PERMIT ISSUANCE:**

1. Suffolk County Board of Health Approval – Toilets are not permitted in accessory structures without Suffolk County Board of Health approval. Contact SCBOH at 631-852-5700.
2. Two-family Family Use or Accessory Apartment Permits – Only one kitchen is allowed in a single family residence; if more than one kitchen is proposed, a permit for Two-family Family Use or an Accessory Apartment is required.

**REQUIREMENTS PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY:**

1. Inspections – Applicant is responsible for ensuring that their plumber schedules all required inspections (please see the Inspection Process - Building & Plumbing handout.) Separate permits will be required for any unpermitted plumbing/fixtures/appliances discovered during inspection.
2. Electrical Certificates – Electrical Certificates are required for all electrical installations. Please refer to the list of Electrical Inspection Agencies Qualified in the Town of Islip handout.
3. Suffolk County Board of Health Approval – if BOH approval was required for construction, a final BOH approval will be required prior to CO.
4. Documentation – Provide all documentation as required by the inspectors.

*I understand that the Town is relying on the information provided herein, any inaccuracy may cause delays and/or additional fees. I swear this application is a true and complete statement of all proposed work on the subject address.*

*By submitting this application, I acknowledge and agree that a modification or addition may be made to the Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.*

<b>PROPERTY OWNER:</b>	<b>SWORN TO ME THIS</b>	<b>NOTARY STAMP</b>
_____	DAY OF _____, 20 _____	
<small>PRINT NAME (REPRESENTATIVE)</small>		
_____	_____	
<small>SIGNATURE</small>	<small>NOTARY PUBLIC</small>	
<b>PLUMBER:</b>	<b>SWORN TO ME THIS</b>	<b>NOTARY STAMP</b>
_____	DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>TOI PLUMBERS LICENSE #</small>	<small>NOTARY PUBLIC</small>