



VILLAGE OF EAST HILLS

INCORPORATED JUNE 24, 1931

209 Harbor Hill Road, East Hills, New York 11576
Telephone (516) 621-5600 • Fax (516) 625-8736

APPLICATION FOR AIR CONDITIONING PERMIT

Project Location: _____

Section: _____ **Block:** _____ **Lot(s):** _____ **Zone:** _____

1. Type of building: Residential Commercial
2. Does this building have existing central AC? Yes No

3. Air Handlers

to be added: _____ Location(s): _____

to be replaced: _____ Location(s): _____

Condensing Units

to be added: _____ Location(s): _____

to be replaced: _____ Location(s): _____

Mini-Split Units

to be added: _____ Location(s): _____

to be replaced: _____ Location(s): _____

4. Who should be the primary contact? Owner Contractor

5. Owner(s): _____

If owner is a corporation, state name of officer authorized to make this application: _____

Phone #: _____ Email: _____

Mailing Address: _____

6. Contractor (Company Name): _____

Contact Name: _____

Phone #: _____ Email: _____

Business Address: _____

Nassau County Consumer Affairs License #: _____

7. Electrician(Company Name): _____

Contact Name: _____

Phone #: _____ Email: _____

Business Address: _____

Village of East Hills Electricians License #: _____

STATE OF NEW YORK, COUNTY OF NASSAU, ss.: I state that I am the property owner or one of the property owners of the subject property, and I certify that the information provided on the application is accurate and the statements are true to the best of my knowledge and belief. I understand and agree that these statements are being relied upon by a municipality; that false statements are perjurious and may result in criminal prosecution; and/or a fine of \$10,000. If there is more than one property owner, I further certify that I am authorized to act on behalf of all owners with respect to the submission of this application, and that they have been informed of all information included in this application as well as its terms and conditions. In submitting this application, I authorize any agents listed on this application to act on my behalf. I grant permission for Building Department Officials and other agents of the Village to enter onto the property for the purpose of performing any necessary inspections, without prior notice. I agree to comply with all rules and regulations of the Zoning and Building Code, deed restrictions, with every other provision of the law of the Village of East Hills and the Uniform Code of the State of New York.

Owner's Name: _____

Signature: _____

Sworn to before me this ____ day of _____, 2____

Notary Public, Nassau County, New York

Application Checklist:

- 2 Copies of Property Survey Showing Condenser Location(s)
- Manufacturer's Specifications
- Contractor's Nassau County Consumer Affairs License
- Contractor's Liability, Disability and Workers' Compensation Insurance Certificates Listing 'The Village of East Hills' as Certificate Holder and as Additionally Insured
- Application Fee of \$100 per Condensing Unit (cash or check)

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|---|---------------------------------|
| FOR BUILDING DEPARTMENT USE ONLY | |
| Received: _____ | |
| <input type="checkbox"/> U/L Cert. Required | |
| <input type="checkbox"/> U/L Rcvd. <input type="checkbox"/> Cert. Letter <input type="checkbox"/> Screening | Application Fee \$ _____ |
| Associated BP# _____ | Receipt # _____ |
| Permit No. _____ | Date Issued: _____ |