



PLUMBING / HVAC PERMIT
Town of Islip Building Division
1 Manitton Court, Islip, NY 11751
www.islipny.gov

COMPLETE THIS APPLICATION AND SUBMIT TO THE PLUMBING DEPARTMENT ALONG WITH ALL REQUIRED DOCUMENTATION LISTED ON THIS FORM. DO NOT MAIL IN THIS FORM.

The Licensed Plumber is responsible for scheduling all Plumbing Inspections.

This Permit EXPIRES 1 year from date of issuance. Three consecutive renewals permitted.

FOR OFFICE USE ONLY

PLACE STICKER HERE

Filing Date: _____ By: _____
 Zoning Approval Date: _____ By: _____
 Plans Examiner Approval Date: _____ By: _____
 Approved to Issue Date: _____ By: _____
 Issued Date: _____ By: _____
 Permit Expiration Date: _____
 Special Conditions of Permit: _____

Total Fee: \$ _____
 Receipt #: _____ C/O Issued: _____

Subject Address: _____
 Bldg/House # _____ Street _____ Tenant / Suite # _____

City _____ State _____ Zip _____

Property Type: Commercial* Residential
 *Additional permit requirements may apply, please check with a Plans Examiner

PERMIT TYPE – Enter quantity of units for all that apply - see footnotes on page 3 for specific requirements:

QTY	SCOPE	QTY	SCOPE	QTY	SCOPE	QTY	SCOPE
	Gas Test ¹ /Line Repair ¹		Reconnect Plumbing ¹²		MUA Unit Install ⁵		Lawn Sprinkler Install ¹¹
	Boiler ^{1, 9} Gas <input type="checkbox"/> Oil <input type="checkbox"/> (Wall hung: Y/N)		Gas BBQ/Fire Pit ^{1,4}		Ductwork Install ⁵		Oil Tank Abandon/Install ⁷
	Gas Dryer ^{1,4}		Generator ^{1, 3, 4} Gas <input type="checkbox"/> Oil <input type="checkbox"/>		ERV Unit Install ⁵		Propane Tank Install ⁴
	Water Heater ¹ Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Roof Top Unit Piping ^{1, 5}		Roof Top Unit Install ⁵	<input type="checkbox"/>	Change of Plumber ¹³
	Suspended Gas Heater ¹		Gas Fireplace ^{1, 2}		AC Unit Install ⁵	<input type="checkbox"/>	Other: _____
	Furnace ^{1, 9} Gas <input type="checkbox"/> Oil <input type="checkbox"/>		Pool Heater ^{1, 10} Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Comm. Kitchen Hood ⁶	<input type="checkbox"/>	_____
	Gas Stove ¹		Indirect Hot Water / Storage Tank ⁹		Heat Pump / Geo Thermal Install ⁵	<input type="checkbox"/>	Fixtures (complete fixture chart below) ⁸
Is Propane Gas involved? ⁴		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Company Name: _____				
Is Medical Gas involved?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Certification #'s: _____				

FIXTURE QUANTITIES – Indicate the quantity of fixtures requested for this Application and whether fixtures are: NEW (N), being RELOCATED (R), or a DIRECT REPLACEMENT (D)

	Cellar/ Basement			1 st Floor			2 nd Floor			3 rd Floor			Accessory Structure				Cellar/ Basement			1 st Floor			2 nd Floor			3 rd 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
Dishwasher															Toilet																
Kitchen Sink															Urinal																
Bathroom Sink															Other																
Tub/Shower															Other																
Washing Machine															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 other fixtures involving waste or water lines.

PLACE STICKER HERE

Property Owner*: _____
Full Name Email Phone

* If property purchased within 6 months of filing date, a copy of the deed, or closing papers, indicating the deed was sent 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.

Owners Address: _____
(If different than subject address) House No / Street City State Zip

Plumber: _____
Full Name Business Name Email Phone

Business Address: _____
No / Street City State Zip

Expeditor / Design Professional: _____
(If different than property owner) Business Name Contact Name Email Phone

Business Address: _____
No / Street City State Zip

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.

PROPERTY OWNER:	SWORN TO ME THIS	NOTARY STAMP
_____	DAY OF _____, 20 _____	
<small>PRINT NAME (REPRESENTATIVE)</small>		
_____	_____	
<small>SIGNATURE</small>	<small>NOTARY PUBLIC</small>	
<hr/>		
PLUMBER:	SWORN TO ME THIS	NOTARY STAMP
_____	DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>TOIPLUMBERS LICENSE #</small>	<small>NOTARY PUBLIC</small>
<hr/>		
EXPEDITOR/DESIGN PROFESSIONAL:	SWORN TO ME THIS	NOTARY STAMP
_____	DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>NOTARY PUBLIC</small>	

FOR OFFICE USE ONLY - ZONING REVIEW if applicable (comments must be entered in Permit Net):

DCR _____

Site Plan _____

Zoning Board of Appeals _____

Date: _____ / _____ / _____

Zoning Inspector: _____

PLACE STICKER HERE

REQUIREMENTS FOOTNOTES:

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. Pressure tests required.
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. **GENERATOR PERMITS** – See separate handout; include a diagram of the proposed generator placement.
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 over 1,000 lbs/250 gallons, and for ALL Commercial installations.
5. **HVAC PERMITS** – New residential systems require an accurate survey showing the proposed location of the condenser, and floor plans showing the duct layout (mechanical drawings are not required). Manuals S, J and D, prepared by the HVAC contractor or HERS rater, are required. (Manual D is not required for ductless systems). Commercial systems require signed and sealed plans by a Licensed New York State Design Professional and must be approved plans by the Plans Examiner.
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.
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 1.
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.
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 house lift building permit.
13. **CHANGE OF PLUMBER** – A letter from the Owner explaining why the plumber is being changed.

IMPORTANT NOTES:

- Town of Islip licensed Plumber/HVAC Contractor must fill out application and complete corresponding work. Insurances must be current for the duration of this application; Town of Islip must be listed as additional insured.
- Filing fees are collected at the time of application. The total permit fee will be determined by the Building Department once the application is approved by the Plans Examiner. The fee schedule is on the TOI website.
- Upon inspection, plumbing/fixtures seen which are not listed on the CO and deemed not original to the property by the inspector must be brought into compliance by filing of a new Plumbing Permit Application.
- Re-inspection fees will be charged if the plumber misses a scheduled inspection or if work has not been corrected as identified during prior inspections; these fees are payable before another inspection can be scheduled. Before the plumber schedules any inspections, please ensure all permit requirements are met.
- Electrical Certificates are required for all electrical installations.
- Toilets are not permitted in accessory structures without Suffolk County Board of Health approval forms, and are subject to Town Code.
- Properties deemed to be in a flood zone or wetlands may require an accurate survey.
- Only one kitchen is allowed in a single family home unless appropriate permits are in place.
- Dormant applications in excess of 180 days are considered abandoned and are subject to destruction after 30 days' notice. No refunds will be given.