

TOWN OF SOUTHEAST BUILDING DEPARTMENT
One Main Street Brewster, NY 10509 845-279-2123, fax 845-279-3137

GAS INSTALLATION PERMIT APPLICATION

Gas Installation Permit # _____ Date Application Received _____ Permit Issue Date _____ Approved by Zoning _____, Bldg _____ (office use only)
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Property Address: _____
Tax Parcel Id: _____ Zoning District: _____

Property Owner Name: _____ Phone(s): _____
Street Address: _____ email _____
City _____ State _____ Zip Code _____

Tenant Info:
Business Name _____ Phone(s): _____
Business Owner _____ Phone(s): _____
Owner's Address: Street _____
City _____ State _____ Zip Code _____ email _____

Plumbing Contractor:
Name _____ Phone(s): _____
Address: Street _____
City _____ State _____ Zip Code _____
Putnam County License # _____ email _____

Connection is being made to: (circle one) Natural Gas or Propane

PROJECT DESCRIPTION _____

Provide an accurate, clearly drawn or engineered riser diagram of all gas lines and connections with application.

A gas installation permit is required for Natural and LP gas installations.

Applicant must provide a copy of their current Putnam County License and workers compensation and liability insurance certificates; acceptable workers comp forms include CE-200, C105.2 (9/07) and U26.3. Both with the Town of Southeast listed as certificate holder and additionally insured. BP-1 (9-07) not accepted for New construction as house is not yet owner occupied and C of O has not been issued.

No work may be started until a permit for the work is issued. Work started without a permit will result in a Stop Work Order being issued.

A Reinspection fee of \$75.00 will be charged if work is not to code and requires a reinspection.

NOTE: The contractor is required to submit a Notarized letter of Certification and a Completed Gas Affidavit Form for the Gas Test to the Building Department prior to scheduling an inspection. (See Page 4 and 5).

Type of Construction

Commercial € Tenant Space € Single Family Residential € Multi-Unit Residential €

Required Fees

Commercial: \$200 for 1-5 Connections; \$35 for each additional connection

Fee: _____

Residential: \$100 for 1-5 Connections; \$20 for each additional connection

Fee: _____

The Owner/Applicant and Licensed Plumber agree to comply with all applicable laws of this jurisdiction, adhere to the plans and specifications submitted and permit Building Department personnel to perform required inspections.

Applicant's Name _____ (attach owner consent form)

Owner/Applicant Signature: _____ Date _____

Licensed Plumber Signature: _____ Date _____

Application Fees

Total Fees (check or money order payable to Town of Southeast) _____

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One Main Street, Brewster, NY 10509 845-279-2123, fax-845-279-3137

Owner Consent Form

- Completion of this form is required when the applicant is not the property owner

Parcel Id # _____ Address _____

Name of Applicant: _____ Phone _____

Project Description: _____

I/We, _____, owners(s) of the
above property hereby give my/our permission to _____
(applicant name) to submit the above identified building permit application on my/our
behalf and to represent me/us in all proceedings concerning the referenced application.

_____ Date _____
Owner (s) Signature(s)

Sworn to before me this _____ day of
_____, _____.

Notary Public

Sample Letter

ON YOUR LETTERHEAD

Gas Certification

Re: Property Owner's Name
Property Address
Town
Tax Map #
Permit #

This is to certify that the *(list equipment connected to gas)* has been tested in accordance with the required ANSI standards and installed according to the manufacturer's installation instructions. A test of _____ PSI was put on system on _____.

Date Test Set _____.

Licensed Contractor's Name
(printed) _____

Licensed Contractor's Signature _____

Date _____

Notary Stamp/Signature

Rough Inspection Date _____ Tag # _____ Year _____ Pass _____ Fail _____

Town of Southeast Building Department
One Main Street
Brewster, NY 10509
Phone 845-279-2123 Fax 845-279-3137

GAS TEST AFFIDAVIT

Installation Contractor: _____ P.C. License # _____

Company Address: _____ Email Address _____

Company Phone# _____ Cell# _____ Expected Start Date _____

Job Location:

Owners' Name: _____

Address _____ Tax Map # _____

Type of Dwelling:

____ Single Family _____ Commercial/Industrial

____ Multiple Family _____ Other _____

Gas Service:

Boiler(Heating system) _____ Furnace _____ Hot Water Heater _____ Range _____ Stove _____

Barbecue _____ Air Handlers _____ Roof Units _____ Fireplace _____ Dryers _____ Generator _____
Other _____

Liquid Propane _____ Natural Gas _____

Pipe Installation: Under Ground _____ Above Ground _____

Tank Installation: Under Ground _____ Above Ground _____

I, _____, certify that header and gas piping has been tested for one (1) hour with 25 pounds of air without any drop in pressure.

Or, I have tested same as above for one (1) hour with Magnehelic gauge (0 to 15 psi, testing to equal 5 psi minimum) or Magnehelic gauge (0 to 150") in water column, testing to equal 5 psi.

Company Installer's Name

Date

Southeast Building Inspector

Date