

## Building Permit Forms

- # 1 Building Permit Application  
[*to be used for all applications*]
- # 2 Minor Installation Permit [*include #1*]
- # 3 Air Conditioning Permit [*include #1*]
- # 4 Siding Permit [*include #1*]
- # 5 Slate Roof Permit [*include #1*]
- # 6 Shingle Roof Permit [*include #1*]
- # 7 Fence Permit [*include #1*]
- # 8 Driveway Permit [*include #1*]
- # 9 Gas Conversion/ Gas Barbeque [*include #1*]
- # 10 Exterior Lighting Permit [*include #1*]
- # 11 Cesspool Permit

**FROM THE CONTRACTOR**

1. Copy of Nassau County or Consumer Affairs License
2. Workmen Compensation Insurance  
State Insurance Fund Form U26.3  
Any other carrier Form C105-2
3. Liability Insurance Acord Form
4. Disability Insurance DB 120.1 Form

**VILLAGE OF MUNSEY PARK MUST BE CERTIFICATE HOLDER**

INCORPORATED VILLAGE OF MUNSEY PARK  
NASSAU COUNTY, NEW YORK

#1

Application for Building Permit

To be completed in duplicate in ink or typed and submitted to the Village Clerk along with plans and specifications  
See other side for full instructions.

PREMISES  
BLOCK .....LOT .....  
ZONE CLASS .....  
LOCATION .....  
House Number, Street, Distance from Nearest Corner

APPLICATION No. ....  
DO NOT WRITE IN THIS SPACE

SEE REVERSE SIDE FOR FILING INSTRUCTIONS

APPLICANT

- 1. STATE PROPOSED WORK IN DETAIL: .....
- 2. ESTIMATED COST OF CONSTRUCTION: .....
- 3. TYPE: One Family  Bus. Bldg.  Misc  Construction Type \_\_\_\_\_
- 4. OWNER ..... Address ..... Tel .....
- If corporation, state name and address of officer authorized to make this application .....
- 5. ARCHITECT ..... Address ..... Tel .....
- 6. CONTRACTOR ..... Address ..... Tel .....
- 7. PLUMBER ..... Address ..... Lic# .....
- 8. ELECTRICIAN ..... Address ..... Lic# .....

AUTHORIZATION BY OWNER:

I, \_\_\_\_\_, owner of record of premises located at \_\_\_\_\_  
(Name) (Address)  
do hereby authorize \_\_\_\_\_ as agent to file an  
application for the work specified herein. \_\_\_\_\_  
(Signature of Owner)

STATE OF NEW YORK, COUNTY OF NASSAU, ss.: \_\_\_\_\_  
(Name)  
\_\_\_\_\_ being duly sworn, deposes and says, that he is a) Owner of Record,  
(Address)  
b) Agent of Owner, or c) authorized officer of corporate owner (circle one) of the property at .....  
and that all statements made in this application are true and correct.

In consideration of the granting of the permit requested and approval of plans the applicant agrees to comply with all rules and regulations of the Zoning Ordinance and Building Code, and DEED restrictions and with every other provision of the Ordinances of the Village of Munsey Park, and with every other provision of law relating to the erection or alteration of said building in effect at this date.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
(Signature of person making application)  
Notary Public, Nassau County, N.Y.

No permit will be issued until this Application shall have been properly executed. Make check payable to Village of Munsey Park. An additional permit is also required for street opening or tunnel for water, sewer or gas connection.

DATE RECEIVED ..... ZONING FEE \$ .....  
DATE APPROVED ..... BUILDING FEE \$ .....  
ARCHITECTURAL FEES .....  
STREET OPENING FEES .....  
DATE PERMIT ISSUED ..... CESSPOOL FEE \$ .....  
TOTAL \$ .....

RECEIPT NO .....

**BUILDING ADVISORY COMMITTEE GUIDELINES****APPLICATIONS AFFECTED**

All applications which involve a change to the exterior appearance of any building located within the Village must be reviewed and approved by the Building Advisory Committee and, depending on the scope of the work, the Village's Consulting Architect.

Changes to the exterior appearance include, but are not limited to, additions, dormers, replacement of windows siding, porticos etc.

**MEETING SCHEDULE**

The committee meets, as needed on the second Wednesday and fourth Tuesday of each month. **ALL APPLICATIONS REQUIRING REVIEW MUST BE SUBMITTED NO LATER THAN 2:30 P.M. OF THE WEDNESDAY PRECEDING THE SCHEDULED MEETING.** Late applications will not be processed.

**SUBMISSION REQUIREMENTS**

It is recommended that Plans submitted for Building Advisory Committee review be "preliminary" type drawings since changes and/or modifications may be required. In order to properly evaluate an application the Committee requires that the following information be provided as minimal requirements:

**1. PLANS - SUBMIT SEVEN (7) SETS**

A site plan accurately drawn at a scale not less than 1" = 20', architectural floor plans accurately drawn at a scale of not less than 1/4" = 1'0" indicating the COMPLETE layout of the ENTIRE floor that will be affected by the new work, exterior elevations (views) accurately drawn at a scale not less than 1/4" = 1'0" which clearly show each view of the ENTIRE existing structure and existing finishes and sections drawn at a scale not less than 1/4" = 1'0" through the new and proposed structure.

**2. PHOTOGRAPHS**

One (1) set of photographs which show the COMPLETE view of each of the existing facades of the building must be submitted.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****INSTRUCTIONS FOR BUILDING PERMIT**

Once the application has been approved by the Building Advisory Committee, **COMPLETE** construction drawings must be submitted for review to determine Zoning and Building Code compliance. The submissions must include:

- (1) Two (2) sets of complete architectural, structural and mechanical plans drawn to scale, conforming to the requirements of the Building Code and Zoning Ordinance. Plans must be prepared by a registered architect or licensed professional engineer.

PLOT PLAN (min scale 1"= 20') to show

- A. Dimensions of Lot.
- B. Whether a corner lot or inside lot, with distance to nearest corner.
- C. Exterior dimensions and location on lot of all existing buildings and proposed alteration.
- D. Complete Zoning Computations.
- E. Set back of structures from street line, side lines and rear lines.
- F. Average set back of abutting properties.
- G. Elevations of first floor (above grade) of new construction and of abutting structures for a new dwelling. Elevation at center line of street at center of lot and finished elevation at each corner of lot.
- H. Location of cesspools or septic tanks.
- I. Location and dimensions of driveway, retaining walls, etc.

**SPECIFICATIONS**

2 copies of a full set of specifications or as included in drawings.

- (2) Complete this Application in Duplicate, sign both copies, obtain owner's signature; complete assessors form, sign.
- (3) **INSURANCE REQUIREMENTS**  
 Current, Valid Nassau County License  
 Worker's Compensation Insurance  
 Standard form C105-2 or Waiver of Worker's Compensation Form C 105.21  
 Disability Benefits Coverage Form DB 120.1  
 Liability Insurance



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: \_\_\_\_\_

NBHD# (ASSESSOR USE ONLY) **#1**

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF
----------------------	---------------------------------	------------------

ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
---------------------	-----------	------------------

CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
---------------------	-----	---	----------------------

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	<p align="center"><b>IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</b></p>
# BLDGS ON LOT		

**DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)**  
\*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> <b>BASEMENT FINISH</b> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

PROPOSED TOTAL PLUMBING FIXTURES				
FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS			
NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES			
NEW C/O NEEDED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE**

DATE OF GRANTING OF PERMIT \_\_\_\_\_

Signature of Applicant/Contact Person - Sign & Print

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

Address of Applicant/Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**FIELD REPORT ON REVERSE**

TOWN \_\_\_\_\_  
SCHOOL DISTRICT \_\_\_\_\_  
SECTION \_\_\_\_\_  
BLOCK \_\_\_\_\_  
LOT(S) \_\_\_\_\_  
CA # OR BLDG # \_\_\_\_\_  
UNIT # \_\_\_\_\_  
DATE \_\_\_\_\_

VILLAGE OF MUNSEY PARK  
1777 Northern Boulevard  
Manhasset, New York 11030

DATE \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

BLOCK \_\_\_\_\_

LOT \_\_\_\_\_

GENTLEMEN:

WE ARE MAKING APPLICATION FOR MINOR INSTALLATION AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SINCE THIS WORK IS NOT OF MAJOR PROPORTION AND THERE WILL BE NO STRUCTURAL OR ARCHITECTURAL CHANGES, WE REQUEST THAT THE REQUIREMENT FOR PLANS BE WAIVED, AND THIS WORK BE ACCEPTED ON APPLICATION ONLY: SUBJECT TO YOUR APPROVAL.

LIABILITY INSURANCE, WORKMEN'S COMPENSATION CERTIFICATE, DISABILITY INSURANCE AND NASSAU COUNTY LICENSE IS SUBMITTED HEREWITH.

VERY TRULY YOURS,

By \_\_\_\_\_  
(Signature)

Contractor \_\_\_\_\_

Address

\_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT SHALL NOTIFY BUILDING INSPECTOR WHEN WORK IS COMPLETED  
CALL 516-365-7790

Incorporated Village of Munsey Park  
1777 Northern Boulevard  
Manhasset, New York 11030

Date

Address

This is to certify that I am the owner of the above referenced premises for which an application to install a central air conditioning system has been filed under application number

I am aware of the Village policy which requires that the unit be totally screened by placing shrubs which are a minimum height of six (6) inches above the highest point of the system or unit being screened. I have inspected the area where the unit is to be installed and hereby certify that the shrubs can be installed in conformance with the Village requirements.

\_\_\_\_\_  
(Signature of Owner)

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

INCORPORATED VILLAGE OF MUNSEY PARK  
1777 Northern Blvd.  
Manhasset, New York 11030  
516-365-7790

**NOTES TO CENTRAL AIR CONDITIONING**

1. All units must be installed in the rear yard.
2. Air Conditioning unit shall not exceed five (5) tons.
3. 6" reinforced concrete slab or 2 ½" reinforced pre-cast slab under.
4. Sound level not to exceed 55 decibels (or ambient). To be certified by a professional engineer.
5. Unit shall be completely screened by evergreen shrubs which are minimum height of six (6) inches above the highest point of system or unit being screened at time of planting.
6. No exposed pipe or electric wires on exterior of building
7. Unit fan blade cannot be reached in any way unless safety guard is removed.
8. Air handler installed in the attic to be hung from the rafters with hangers designed by a registered architect or professional engineer.
9. Install approved exterior switch near unit.
10. An electrical certificate shall be submitted at completion of the work.
11. Entire system to comply with the Residential Code of New York State and the Fuel Gas Code of New York State.

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Contractors Name \_\_\_\_\_  
(Please Print)

Contractors Signature \_\_\_\_\_

INCORPORATED VILLAGE OF MUNSEY PARK

Date

Name  
Address

Section 3 Block Lot

Gentlemen:

We are making application for replacement, repair, and/or recovering of existing siding at

We will install new siding in place of wood clapboard. This siding will match existing except for material.

We also agree not to change or eliminate any architectural feature. Where replacements are necessary, new construction will match the approved original (this refers to ornament, railings, cornices, columns, etc.)

New siding will be properly backed and applied according to the rules of good practice.

We agree to submit sample of material for approval if other than CLAPBOARD is intended before starting installation. If aluminum siding is to be used proper grounding will be installed as per state and village requirements.

Workmen's Compensation Certificate and Nassau County License has been submitted herewith.

Very truly yours.

BY \_\_\_\_\_ AREA COVERED \_\_\_\_\_  
\_\_\_\_\_ CO. TYPE \_\_\_\_\_  
COLOR \_\_\_\_\_

INCORPORATED VILLAGE OF MUNSEY PARK

Date

NAME  
ADDRESS

SECTION 3                      BLOCK                      LOT

Gentlemen,

We are making application for replacement, repair and/or recovering of existing slate shingles at

We will install natural quarried slate in place of present slate. This roofing will match existing in color, type and material. New slate roofing shall be natural quarried slate.

We also agree not to change or eliminate any architectural feature. Where replacements are necessary, new construction will match the approved original (this refers to ornament, railings, cornices, posts, etc.)

Slate will be properly backed and applied according to the rules of good practice.

Existing construction that is rotted or in need of replacement will be replaced. New saturated felt shall be installed under all roof shingles min. 30 lbs for slate roofs.

Workmen's Compensation Certificate and Nassau County License has been submitted herewith.

Very truly yours,

BY \_\_\_\_\_

AREA \_\_\_\_\_ Sq. Ft.

\_\_\_\_\_  
Type or Print Name

TYPE \_\_\_\_\_ Material

COLOR

Title

COMPANY \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public, Nassau County, N.Y.

INCORPORATED VILLAGE OF MUNSEY PARK

SLATE ROOF AFFIDAVIT

PRIOR TO PERMIT

Name  
Address

Application #

CONTRACTORS STATEMENT

This is to certify that I am \_\_\_\_\_ owner/officer of  
\_\_\_\_\_  
(Name of Company), Nassau County, Home  
Improvement License # \_\_\_\_\_ and that natural quarried slate roofing will be installed  
at the above referenced premises. I make this certification under penalty of law knowing  
that the Village of Munsey Park will rely on this information for accuracy and compliance  
with the applicable laws and regulations.

\_\_\_\_\_  
SIGNATURE

Type or Print Name

Title

Sworn to before me  
on this      day,      200      .

\_\_\_\_\_  
Notary Public

INCORPORATED VILLAGE OF MUNSEY PARK

Date

NAME  
ADDRESS

SECTION 3                      BLOCK                      LOT

Gentlemen,

We are making application for replacement; repair and/or recovering of existing shingles at

We will install shingles in place of present shingles. This roofing will match existing in color, type and material.

We also agree not to change or eliminate any architectural feature. Where replacements are necessary, new construction will match the approved original (this refers to ornament, railings, cornices, posts, etc.)

Existing construction that is rotted or in need of replacement will be replaced. New saturated felt shall be installed under all roof shingles min. 30 lbs for slate roofs.

Workmen's Compensation Certificate and Nassau County License has been submitted herewith.

Very truly yours,

BY \_\_\_\_\_

AREA \_\_\_\_\_ Sq. Ft.

COMPANY \_\_\_\_\_

TYPE \_\_\_\_\_ Material

COLOR \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public, Nassau County, N.Y.

Incorporated Village of Munsey Park  
1777 Northern Blvd.  
Manhasset, New York 11030

**AFFIDAVIT FOR INSTALLING A FENCE  
TEMPORARY**

Date

Name  
Address  
City

Section 3 Block                      Lot

Application Number

I hereby agree that:

1. Application of this permit will extend for the length of time that I am the owner of the mentioned premises and that if and when (the building) is sold I will remove the fence at my own expense.

2. I understand that this approval will expire on (date) \_\_\_\_\_ at which time, with the Village Board's approval, I may apply for new permit on a year to year basis. The Board reserves the right to reject, revoke, forbid the permit for continuing use of a fence after one year of permit approval date.

3. The height and length are as follows:

\_\_\_\_\_ FEET TALL

\_\_\_\_\_ FEET LONG OVER-ALL

4. This fence is subject to all parts of Zoning Ordinance § 200-37 which I have read and agree to.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Date:

Name:

Address:

Re: Section 3 Block Lot

This is to state that I \_\_\_\_\_ am the owner of the premises located at \_\_\_\_\_ for which a driveway permit is being requested.

I hereby certify that I am aware of the Village Ordinance relating to the restrictions on the total maximum width as follows:

Driveways located in Residence zones shall not exceed 19'- 0" except that within three (3) feet of the street line the width may taper to a maximum width of twenty-two (22) feet.

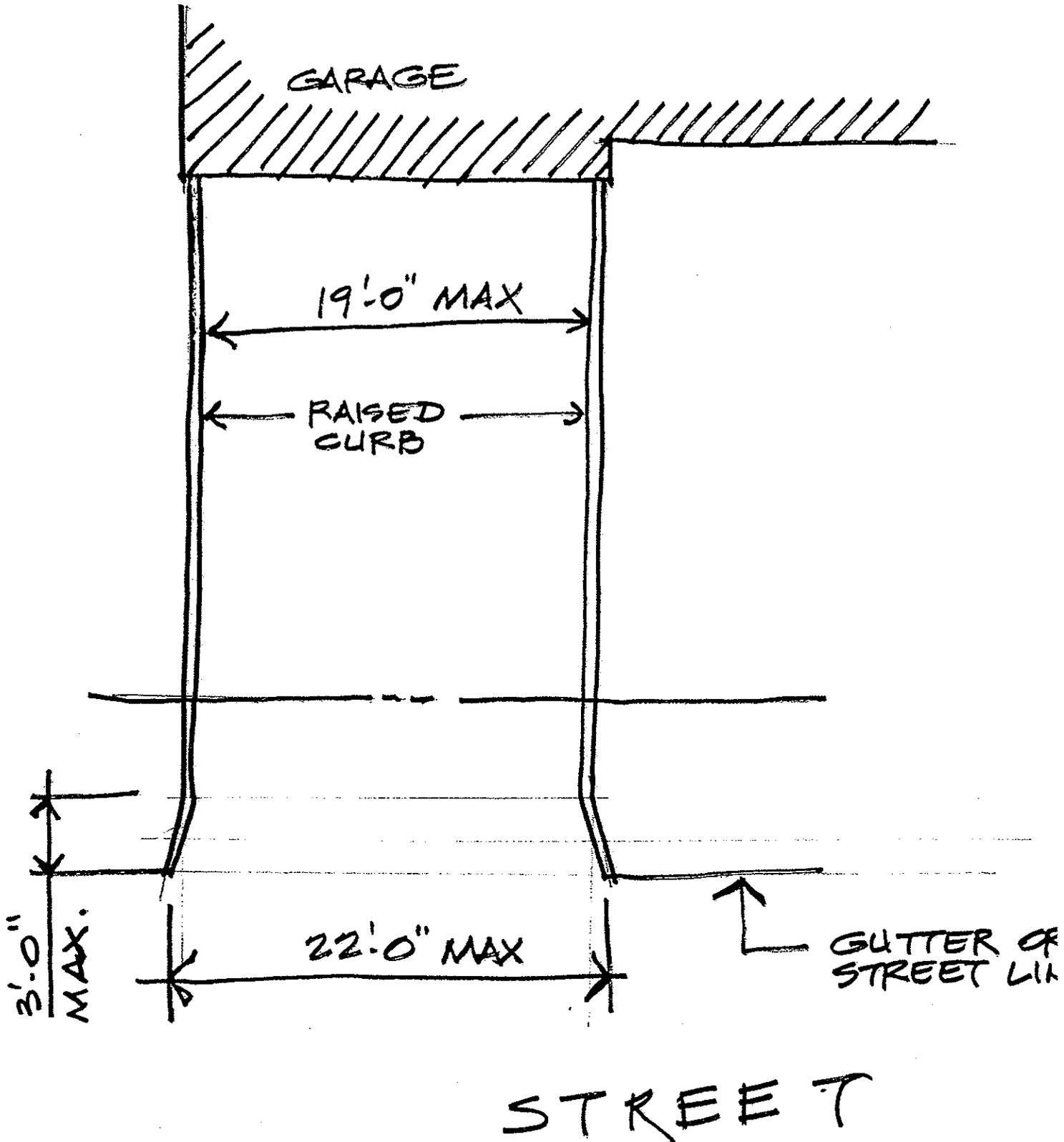
I further certify that I have personally measured the driveway and hereby state that the new work will comply in all respects to the Village Code. Any work installed contrary to the Code will be removed and replaced at my sole expense.

I make this certification under penalty of law knowing that the Village of Munsey Park will rely on this information for accuracy and compliance with applicable laws and regulations.

\_\_\_\_\_  
Signature

Sworn to before me  
on this day, , 200 .

\_\_\_\_\_  
Notary Public



**VILLAGE OF MUNSEY PARK**

Gas Installations - Plumbers affidavit

The following must be submitted on the plumbers stationary.

This is to certify that I \_\_\_\_\_ am a licensed plumber in the Town of North Hempstead, license # \_\_\_\_\_.

I further certify that all work will be performed in compliance with the Residential Code New York State Chapter 24 as per the applicable sections listed below.

- G 2406 - Appliance Location
- G 2407 - Combustion, Ventilation & Dilution Air
- G 2408 - Installation
- G 2412 - Gas Pipe Systems
- G 2413 - Pipe Sizing
- G 2414 - Piping Materials
- G 2415 - Piping System Installation
- G 2416 - Piping Bends
- G 2417 - Inspection & Testing
- G 2418 - Piping Support
- G 2420 - Shut Off Valves
- G 2421 - Flow controls
- G 2422 - Appliance Connection

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Town                      Zip Code

\_\_\_\_\_  
Telephone Number

Sworn to before me  
On this \_\_\_\_\_ day, \_\_\_\_\_ 201 \_\_\_\_.  
Notary Public

Date:

I \_\_\_\_\_, owner of the premises located at \_\_\_\_\_ for which an application to install exterior lighting has been filed with the Village hereby states that:

1. The exterior fixture (s) will be provided with a reflector, refractor or other similar device which will prevent the beam of light from projecting beyond the boundary line of the property on which the lighting fixture is installed.
2. The lights will not be directed or cast upon any building, structure or other surface, which will reflect the beam from such light beyond the property line of the property on which the lights are situated.
3. No more than 50% of the facade of the building or structure will be lit by freestanding lighting fixtures which may be situated in any yard within the subject property.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Sworn to before me  
on this      day,      19      .

\_\_\_\_\_  
Notary Public

INCORPORATED VILLAGE OF MUNSEY PARK  
 1777 NORTHERN BLVD.  
 MANHASSET, NY 11030  
 516-365-7790

## CESSPOOL PERMIT APPLICATION

1. All new installations and replacements shall consist of a septic tank and sanitary rings installed in accordance with the Nassau County Department of Health Standards.
2. Septic tanks shall be sized in accordance with the number of bedrooms contained within the dwelling unit as follows:
 

4 bedrooms	1,000 gals minimum
5 bedrooms	1,250 gals minimum
6 bedrooms	1,500 gals minimum
3. The following minimum distances shall be maintained from any septic tank:
 

Property Line	10 feet
Leaching Pool	5 feet
Water Service Line	10 feet
Building Wall	10 feet
Drywell	20 feet
4. The following minimum distances shall be maintained from any sanitary ring (leaching pool):
 

Septic Tank	5 feet
Leaching Pool	10 feet
Drywell	20 feet
Property Line	10 feet
Building Wall	20 feet
5. A permit must be obtained from the Village Clerk, **BEFORE BEGINNING CONSTRUCTION** of a new or replacement system.
6. Application must be accompanied by a diagram of the proposed size and location of the components and Certificate of Liability, Disability & Compensation Insurance, Nassau County License fee of \$250 plus deposit of \$1000 or submit a bond to cover damages caused by applicant.
7. Systems shall be located in the front yard. House traps connecting to the cesspool must be located as close to the entrance wall as possible.
8. Systems shall be precast type, eight feet (8') in diameter, with precast dome. All underground piping shall comply with the Plumbing Code of New York State.
9. The system shall be installed to a depth necessary to encounter coarse sand stratum, subject to the approval of the inspector.
10. The outside walls of the septic rings (leaching rings) shall have at least eighteen inches (18") backfill of coarse gravel, broken stone, or coarse sand.
11. The access cover shall be a maximum of two feet six inches (2' 6") a minimum of two feet (2') below grade. The cesspool opening shall be fitted with a concrete cover not exceeding three feet (3') in diameter and shall be at least four inches (4") thick.
12. No cesspool or surface basin shall be installed until the excavation and plan of installation has been inspected and approved by the inspector.
13. All cesspools, leaching pools septic tanks, etc. which are abandoned or discontinued shall be backfilled with clean sand or gravel.

RESIDENT'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ INSTALLATION DATE \_\_\_\_\_

CONTRACTORS'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CHECK TYPE OF POOL: NEW \_\_\_\_\_ OVERFLOW \_\_\_\_\_ PERMIT NO \_\_\_\_\_

HOMEOWNER'S SIGNATURE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**(DRAW DIAGRAM OF LOCATION AND SIZE OF POOL ON REVERSE SIDE OF THIS FORM)**  
COMPLETE THIS SECTION AFTER WORK IS COMPLETED

I, \_\_\_\_\_ certify that the work was performed in accordance with the approved plans of Permit No. \_\_\_\_\_ and the Nassau County Department of Health Regulations.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public, Nassau County, NY

\_\_\_\_\_  
(signature)

## Rules and Regulations for New Automatic Irrigation Systems

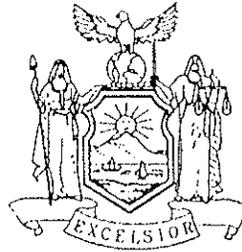
### In the Manhasset-Lakeville Water District

#### *New Automatic Time Controlled Irrigation Systems*

New Automatic ON-OFF time controlled underground sprinkler systems and/or other irrigation systems, controlled by automatic ON/OFF time controlled devices, shall comply with the following requirements:

1. Timer devices shall be programmed to automatically operate and permit flow only during the days and hours permitted under the District's Water Conservation Programs latest notice. The automatic ON/OFF time controlled irrigation system is to remain OFF during the period between the permissible irrigation days and time.
2. The system shall be designed to restrict total system water use during the allowable ON irrigation periods to a water flow rate not to exceed 10 gallons per minute.
3. An adjustable pressure regulating valve shall be installed on the water pipe feeding the irrigation system. The pressure regulating valve shall be set to maintain inlet water pressure to the irrigation system at a level not to exceed 5 pounds per square inch above the manufacture's rated pressure for the lowest pressure rated sprinkler head in use in the irrigation system.
4. Each irrigation system shall be equipped with devices to automatically turn the irrigation system OFF when it rains during the irrigation periods and when it has rained prior to the irrigation period and/or when the soil moisture conditions are adequate for plant growth without further addition of water.
5. Sprinkler heads shall be placed so that the overlap areas under irrigation from adjacent sprinkler heads shall be minimal. Special sprinkler heads shall be used as necessary to preclude the application of water on paved areas that do not require irrigation.
6. Systems that use water from the house system MUST be equipped with water shut off accessible to District personnel.
7. A \$100.00 dollar filing fee is required.
8. A New York State approved Backflow Device must be installed on either the main service pipe directly after the meter or the branch line serving the sprinkler.
9. If the meter is in the basement see attached drawing for basement installation.
10. If the meter is located in a meter pit, a *Z-Setter* must be installed as per attached drawing for meter pit installation.
11. A Pressure Vacuum Breaker (PVB) or Double Check Valve (DCV) may be used on the branch line.
12. All systems must be inspected and approved after installation is complete.

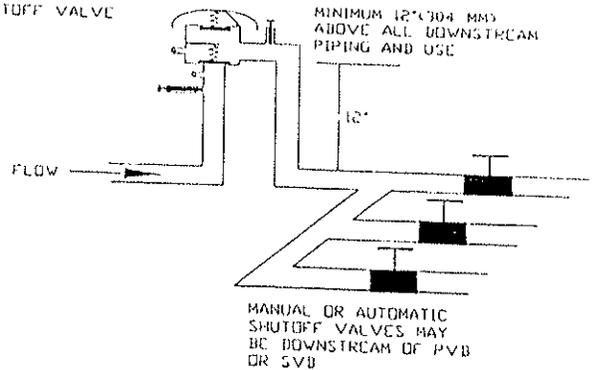
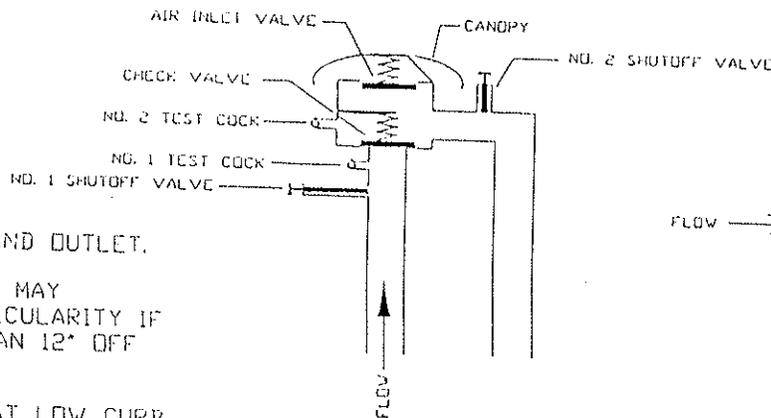
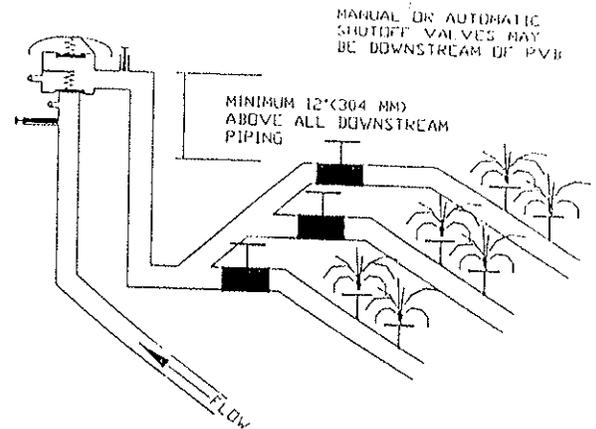
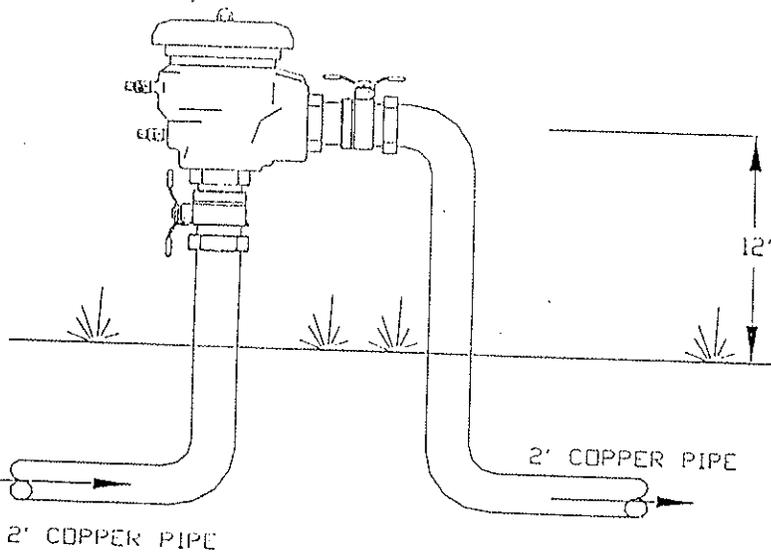
P.O. BOX 359  
 MANHASSET, NY 11030  
 516-466-4416  
 FAX 516-466-2748



## Pressure Vacuum Breaker Installation

Installation must be above ground, and meet all requirements as shown on "Typical Pressure Vacuum Breaker (all sizes)."

- The Pressure Vacuum Breaker must be installed vertically, and at least 12" higher than the highest downstream irrigation head or zone.
- Pressure Vacuum Breakers shall not be subjected to backpressure static pressure, created by the closure of a zone control valve is permissible. Booster pumps shall not be used with a Pressure Vacuum Breaker. No fertilizers, herbicides, pesticides, or other chemicals shall be aspirated or injected into a lawn sprinkler irrigation system using a Pressure Vacuum Breaker.
- The Air-Inlet Valve Bonnet shall not be covered with any insulation material that could eliminate the admittance of air into the top section of the Pressure Vacuum Breaker.



NOTES:  
 2' COPPER INLET AND OUTLET.  
 SUPPORT MEASURES MAY BE REQUIRED PARTICULARLY IF PVB IS HIGHER THAN 12" OFF GROUND.  
 IF METER BOX IS AT LOW CURB, EXTEND SERVICE PIPING TO A HIGHER ELEVATION, SUCH AS NEAR HOUSE IN A FLOWER BED, TO ELIMINATE SIGHT OF PVB.

TYPICAL PRESSURE VACUUM BREAKER 1/2" THRU 2" BACKFLOW PREVENTER ABOVE GROUND

STRAIGHT BALL VALVES  
CAT. No. BM-13-444-1

NO BRANCHED OR OBSTRUCTED PIPING FROM  
DCV DEVICE TO MAIN (EXCEPT METER)

(CAN BE SET HOR. OR VERTICAL)  
DOUBLE CHECK VALVE ASSEMBLY  
FEBCO 805Y N.Y.S. APPROVED

\* - SEE NOTE 2

TO HOUSE SYSTEM

30" MIN.

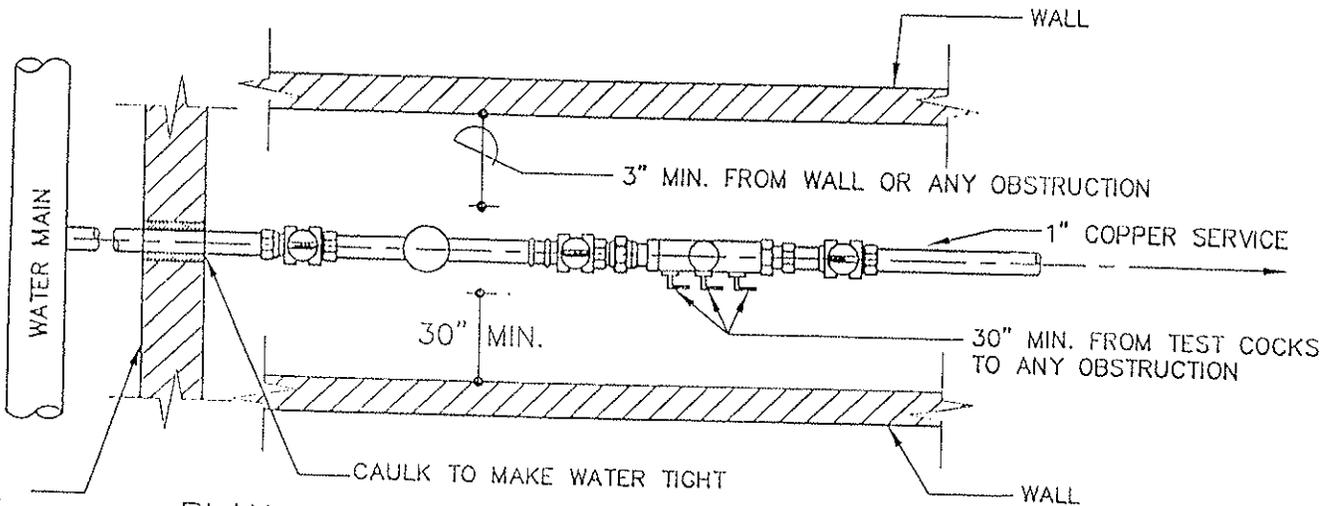
1" COPPER  
SERVICE  
SLEEVE

FORD ANGLE BALL VALVE No. BA25-444  
- 1" (FLARE) OR BA13-344 (IRON)

FLOOR

ALT. LOCATION UNDER  
FLOOR SLAB

ELEVATION:



PLAN:

NOTES:

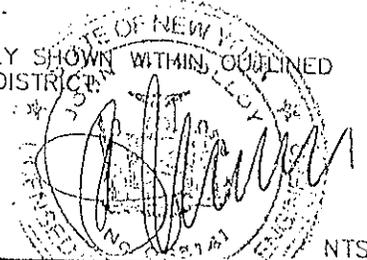
1. D.C.V. IS TO BE INSTALLED CLOSE TO WALL WHERE WATER SERVICE ENTERS BLDG DIRECTLY AFTER WATER METER.
2. OBTAIN ASSEMBLY SHOWN WITHIN OUTLINED AREA FROM WATER DISTRICT.

MANHASSET-LAKEVILLE  
WATER DISTRICT

STANDARD DETAIL

3/4" & 1" DOUBLE CHECK VALVE  
ASSEMBLY (BASEMENT SETTING)

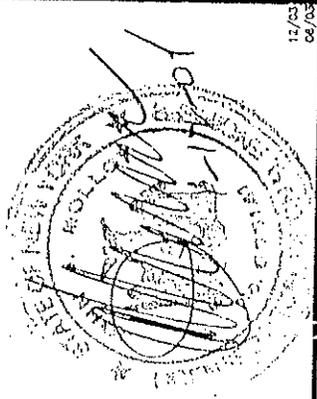
12/03  
06/02



NTS

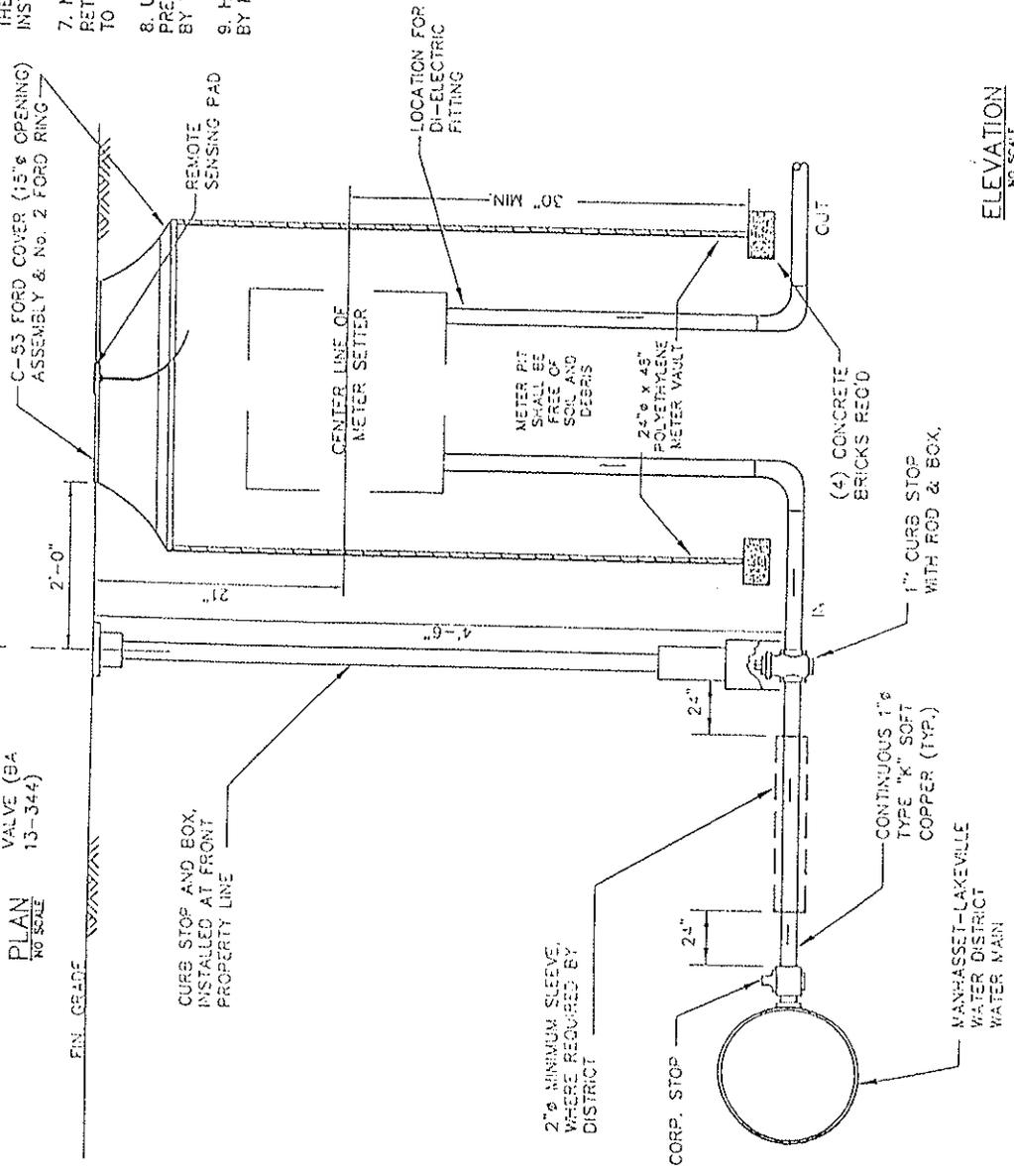
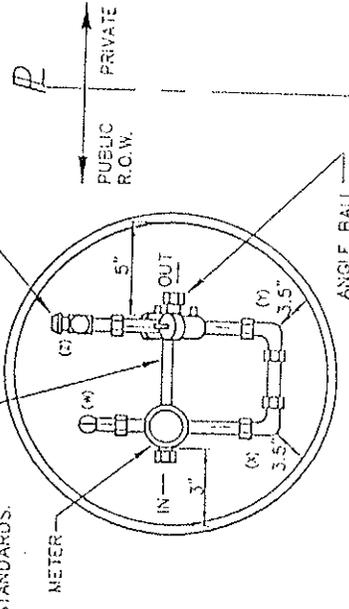
**GENERAL NOTES**

1. THE METER AND DOUBLE CHECK VALVE ( N.Y.S. APPROVED) ASSEMBLY, FECSO 8050 SHALL BE PURCHASED FROM THE DISTRICT.
2. THE SERVICE LINE SHALL BE 1" I.D. TYPE "K" SOFT TEMPER COPPER TUBING. THE SERVICE MUST BE ONE CONTINUOUS LENGTH FROM THE CORPORATION STOP TO CURB STOP AND ONE CONTINUOUS LENGTH FROM THE CURB STOP TO THE FIRST METER PIT FITTING. THE SERVICE SHALL HAVE 4'-6" OF COVER.
3. THE SERVICE LINE SHALL BE ENCLOSED IN A SLEEVE, NO SMALLER THAN 2" INSIDE DIAMETER, AND CONSTRUCTED OF SCHEDULE 40 P.V.C. OR GALVANIZED IRON WHEN THE SERVICE IS BENEATH PAVEMENT OR WHERE DIRECTED TO DO SO BY THE DISTRICT.
4. METER PITS SHALL BE INSTALLED 2' INSIDE THE FRONT PROPERTY LINE AND A MINIMUM OF 2' INSIDE THE SIDE PROPERTY LINES, OR AS OTHERWISE DETERMINED.
5. METER PITS SHALL NOT BE INSTALLED IN DRIVEWAYS OR PARKING AREAS.
6. THE DOUBLE CHECK VALVE ASSEMBLY MUST BE TESTED BY A NEW YORK STATE CERTIFIED BACKFLOW PREVENTION DEVICE INSPECTOR AND THE RESULTS FORWARDED TO THE DISTRICT WITHIN 30 DAYS OF INSTALLATION.
7. NO NATURAL OR MANMADE OBSTRUCTIONS (SUCH AS SHRUBBERY, RETAINING WALLS, FENCES, ETC.) SHALL BE PLACED CLOSER THAN 24" TO THE METER PIT COVER RIM.
8. UNUSUAL CIRCUMSTANCES MAY PREVENT INSTALLATION AS PRESENTED HERE. SPECIAL PERMISSION MUST BE GRANTED IN ADVANCE BY THE DISTRICT FOR ANY DEVIATION FROM THIS STANDARD DETAIL.
9. HOUSE LEG SHALL HAVE A DI-ELECTRIC FITTING AS MANUFACTURED BY MUELLER Co. MODEL N-35403.



**MANHASSET-LAKEVILLE  
WATER DISTRICT  
STANDARD DETAIL  
3/4" & 1" WATER SERVICE  
METER PIT ASSEMBLY**

PER M.L.W.D. STANDARDS.



INCORPORATED VILLAGE OF MUNSEY PARK  
1777 Northern Blvd.  
Manhasset, New York 11030  
516-365-7790

DATE

NAME  
ADDRESS

BLOCK

LOT

This is to certify that I, \_\_\_\_\_, am the owner of the above referenced premises and that I hereby hold the Incorporated Village of Munsey Park harmless of any and all responsibility regarding the maintenance and any subsequent damage to any sprinkler heads installed on Village property.

I further certify that the installation will comply in all respects with the Rules and Regulations for New Automatic Irrigation System of the Manhasset-Lakeville Water District attached herewith. A copy of the final approval by the Manhasset-Lakeville District will be submitted to the Village upon completion of the work.

I am fully aware that application of this temporary permit will extend for only the length of time that I am the owner of the above mentioned premises, and that if and when the premises are sold, I will remove the sprinklers at my own expense, or notify the buyer that they must file application for the continued use of the sprinklers located on Village property.

\_\_\_\_\_  
(Owners Signature)

Sworn to before me  
on this \_\_\_\_ day, \_\_\_\_\_ 200\_\_\_\_.

\_\_\_\_\_  
Notary Public

INCORPORATED VILLAGE OF MUNSEY PARK

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PLEASE BE ADVISED THAT ALL NECESSARY REQUIREMENTS HAVE BEEN FILED TO THE SATISFACTION OF THE MANHASSET-LAKEVILLE WATER DISTRICT CONCERNING THE APPLICATION OF A SPRINKLER SYSTEM AT THE ABOVE ADDRESS.

\_\_\_\_\_  
Print Name - Manhasset-Lakeville Water District

\* \_\_\_\_\_  
Signature – Manhasset-Lakeville Water District