

Incorporated Village of Lawrence

196 Central Ave Lawrence NY 11559

516-239-3987

Fax 516-239-9657

Building Department

Mechanical Application

Date: _____

Dept Use ONLY

Application # _____

Application Date _____

Filing Fee \$ _____

Section: _____ Block: _____ Lot: _____

Address: _____ Property Owner: _____

Tel. No.: _____ Email: _____

Description of work: _____

Mailing Address (if different from above): _____

Check off all that apply

New Work **Repairs** **Replacement**

Residential **Commercial**

** List Quantity of Fixtures per Location

*(Garage included in 1st floor)

Fixtures	Basement	1 st Floor *	2 nd Floor	3 rd Floor	Roof	Outdoors
Generator						
Heating Boiler						
Water Heater						
Oil Burner						
H.V.A.C Unit						
Outdoor BBQ						
Oven						
Range						
Fire Pit						
Pool Heater						
Chimney Liner						
Gas Meter						
Gas Valve						
Gas Piping						
Water Connection						
Other						
Commercial Fixtures						
Chiller						
Other						

Plumber: _____ Tel. No.: _____

Address: _____

Email: _____

Village License #: _____

Estimated Cost: _____

State of New York

County of Nassau

Village of Lawrence

Notary Signature & Stamp:

The undersigned (Print Name) _____ being duly sworn, says that the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premise and that all provisions of the applicable ZONING ORDINANCE, BUILDING ADMINISTRATIVE ORDINANCE, BUILDING CONSTRUCTION CODE AND ANY APPLICABLE FEDERAL, STATE AND COUNTY REQUIREMENTS pertaining to the proposed work shall be complied with, whether specified or not and that such work is authorized by the owner.

Sworn to before me this _____ day of _____ 20 _____

Signature of Owner, Owner's Agent, Architect, Contractor

ALL FEES ARE NON REFUNDABLE