



*City of Beacon
Building Department
1 Municipal Plaza, Suite 4
Beacon, NY 12508
Tel: 845-838-5020 Fax: 845-838-5026*

HVAC Permit Application

PLEASE SUBMIT THE FOLLOWING:

- 1. A complete application signed by the owner.*
- 2. An application for a certificate of Occupancy/Compliance.*
- 3. Completed application processing restriction law affidavit.*
- 4. Fee - \$100.00 (\$50.00 application fee and \$50.00 certificate of compliance)*
- 5. Satisfactory proof consisting of a certificate of insurance, indicating that workers' compensation has been secured for all employees. Homeowners may submit an appropriate affidavit in lieu thereof (New York State Worker's Compensation Law, Section 56 form BP-1.) Contractors that are not required to provide workers compensation insurance may apply to the New York State Workers' Compensation Board (www.wcb.state.ny.us) and apply for form CE-200 (These exemption forms can only be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS Workers' Compensation and/or disability benefits insurance..)*



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Approved: _____ 20 ____

Fee: \$50.00

Building Inspector

Application for HVAC Permit

Date _____

- a) This application must be completely filled in and submitted to the Building Inspector.
- b) The work covered by this application may not be commenced before the issuance of a permit.
- c) All work shall comply with the applicable codes of New York State.
- d) Please supply a manufacture equipment cut sheet.

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a HVAC Permit pursuant to the City of Beacon Code of Ordinances. The applicant agrees to comply with the applicable laws, ordinances and regulations.

(Signature of owner)

Owner Name _____

Phone _____

Address _____

Location of Construction or Use _____

Tax Grid Number _____

Description of Equipment: _____

HEAT

METHOD OF VENTING:

- Direct
- Existing Chimney
- New Chimney

TYPE OF CHIMNEY:

- Masonry
- Metal
- Other (specify) _____

TYPE OF FUEL:

- Gas
- Oil
- Wood/Pellet

AIR CONDITIONER

- New
- Replacement

TYPE OF UNIT

- Split
- Central

LOCATION OF EQUIP

- Roof
- Ground

POWER SOURCE

- Electric
- Gas

Contractor Name: _____

Phone _____

Address: _____



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***APPLICATION FOR CERTIFICATE OF OCCUPANCY
Or CERTIFICATE OF COMPLIANCE***

DATE _____

The undersigned requests that a Certificate of Occupancy be issued pursuant to

BUILDING PERMIT _____

CHANGE IN USE _____

OWNER _____

APPLICANT _____

LOCATION _____

SECTION _____ BLOCK _____ LOT _____

PERMITTED USE: _____

Signature of Owner

Address

FEE: \$50.00

APPROVED: _____
Building Inspector



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APPLICATION PROCESSING RESTRICTION LAW
Affidavit of Property Owner

Property Owner: _____
(Applicant)

If owned by a corporation, partnership or organization please list names of persons holding over 5% interest in business.

List all properties in the City of Beacon that you hold a 5% interest in.

Applicant Address: _____

Project Address: _____

Project Tax Grid #: _____

Type of Application: _____

*** Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent interest in a corporation or partnership or other business.**

I, _____, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.
 (Check statements that are **true**)

1. No violations are pending for ANY parcel owned by me situated within the City of Beacon. _____
2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon. _____
3. ALL tax payments due to the City of Beacon are current. _____
4. Tax delinquencies exist on a parcel or parcels owned by me in the City of Beacon. _____
5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon. _____
6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current. _____

 Signature of Owner

 Title if owner is corporation