



**Incorporated Village**

**of Massapequa Park**

VILLAGE HALL, 151 FRONT STREET, MASSAPEQUA PARK, NEW YORK 11762-2794

WEBSITE: [www.masspk.com](http://www.masspk.com)

**BUILDING DEPARTMENT**

**MISCELLANEOUS PERMIT APPLICATION**

**In order for the Inc. Village of Massapequa Park  
to accept a Miscellaneous Permit from a homeowner  
and/or plumber licensed in the Village for an  
Oil to Gas Conversion, the Nassau County Department of Health  
Removal Notification Form attached must be filed with Nassau County  
prior to submitting the Miscellaneous Permit to the Village.**

**This Form must be stamped by Nassau County Department of Health  
and the \$90.00 fee must be paid to Nassau County**



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**BUILDING DEPARTMENT**

**MISCELLANEOUS PERMIT APPLICATION**

**FEE: \$30.00**

**MAINTAIN FEE: \$90.00**

DATE: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT(S): \_\_\_\_\_

DESCRIPTION OF PROPOSED WORK: \_\_\_\_\_

**PURPOSE:**

- FIREPLACE/WOOD BURNING STOVE
  - Provide manufacturer's specification and location of fireplace/stove.
  - If gas fireplace, provide Licensed plumber information below.
- TENT RENTAL
  - Provide survey with location of tent.
  - Provide manufacturer's specifications.
  - Provide Fire Retardant Certificate. (Sample attached).
- SLIDING GLASS DOORS/WINDOWS/SKYLIGHTS
- POOL HEATER/HOT TUBS
  - Provide survey indicating location. Must be 5 feet from property lines.
  - Provide manufacturer's specifications. Provide licensed plumber information below.
  - Indicate if there are overhead wires.
- GENERATOR
  - Provide survey indicating location. Must be 5 feet from property lines.
  - Provide manufacturer's specifications. UL Certificate required.
- GAS CONVERSION
  - Riser Diagram/Must supply manufacturer specifications for heating units.
  - Plumber must provide Tank Removal Notification Form stamped by Nassau County at time of filing for permit.
  - If oil tank remaining, Affirmation of Non-Leaking Tank must be submitted.
  - Air Pressure test and final inspection required.
  - In accordance with the Home Heating System Conversion Disclosure Act (General Business Law 778-aa) and the New York State Uniform Fire Prevention and Building Code (9NYCRR 1164.5(a) the fill and vent pipes must either be removed or permanently sealed to render the oil storage tank out of service.
- OTHER – See Building Inspector.

PLUMBER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

VILLAGE LICENSE NO.: \_\_\_\_\_ ESTIMATED COST OF WORK: \_\_\_\_\_

**Call for Inspections 516/798-0244 ext. 112 or 120**  
**Inspections done Monday, Wednesday, and Friday 1:30 p.m. to 4:30 p.m.**

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

I understand that it is my responsibility to ensure that the persons hired to perform the work associated with this permit have the proper liability and worker's compensation insurance. I further understand the above and authorize the Building Inspector to enter the premises in the performance of his duties:

\_\_\_\_\_  
 Homeowner's Signature

**FOR INTERNAL USE**

Approved: \_\_\_\_\_  
 Rejected: \_\_\_\_\_

\_\_\_\_\_  
 Building Inspector

Nassau County Department of Health  
 Tank Abandonment/Removal\*  
 Notification Form

Date of Job\*\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*All notifications must be received by NCDH 7 days prior to the date of the job accompanied by a fee of \$220.00 per tank over 1,100 gallons and \$70.00 per tank 1,100 gallons or less abandoned in place or \$90.00 per tank 1,100 gallons or less removed.

Contractor \_\_\_\_\_

Phone # \_\_\_\_\_

Facility ID# \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address \_\_\_\_\_

Village \_\_\_\_\_ Telephone \_\_\_\_\_

Existing Tank Information:

Tank Size: \_\_\_\_\_ Tank Contents: \_\_\_\_\_

\_\_\_\_ Abandonment

\_\_\_\_ Removal

Monitoring: \_\_\_\_ Well \_\_\_\_ Borings \_\_\_\_ Tested on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DEC Spill# (if applicable) \_\_\_\_\_

Other \_\_\_\_\_  
 (explain)

New Installation:

Tank Size \_\_\_\_\_ Plans Approved? \_\_\_\_\_

Location:

\_\_\_\_ Above ground on pad/containment

\_\_\_\_ Below ground

\_\_\_\_ Indoors

\_\_\_\_ Conversion to gas

\*All removals/abandonments, installations etc. must be done in **accordance** with Article XI of the Nassau County Public Health Ordinance. **This form is to be used for the abandonment of a fuel oil tank of more than 1,100 gallon capacity, the abandonment of any size non-fuel oil tank or the removal of any tank including fuel oil tanks of 1,100 gallon capacity or less.**

PLEASE RETURN VIA U.S. MAIL to Nassau County Department of Health, Bureau of Environmental Protection, Article XI, 200 County Seat Drive, Mineola, N.Y. 11501.  
 Telephone number: 516-227-9691.

ATTACH CHECK HERE

Nassau County Department of Health  
 Small Facility/Homeowner Tank Abandonment  
 Notification Form

Date of Job \_\_\_/\_\_\_/\_\_\_

**\*\*All notifications must be received by  
 NCDH 7 days prior to the date of the job  
 accompanied by a fee of \$70.00 per tank.**

Contractor \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Address \_\_\_\_\_

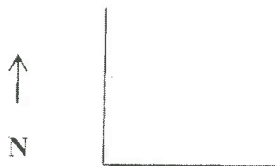
Village \_\_\_\_\_ Telephone \_\_\_\_\_

Existing Tank Information:

Tank Size:                    \_\_\_\_\_ 275                    \_\_\_\_\_ 550                    \_\_\_\_\_ 1,000

Fill Material:                \_\_\_\_\_ Sand                    \_\_\_\_\_ Concrete                \_\_\_\_\_ Approved Foam

Tank Location Diagram:



New Installation:

<u>Tank Size</u>	<u>Location</u>
_____ 275	_____ Above ground on pad/containment
_____ 550	_____ Below ground
_____ 1,000	_____ Indoors
	_____ Conversion to gas

**\*\*All removals/abandonments, installations etc. must be done in accordance with Article XI of the Nassau County Public Health Ordinance. This form is to be used only when the individual storage tank capacity is 1100 gallons or less.**

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**PLEASE RETURN VIA U.S. MAIL to Bureau of Environmental Protection, Nassau County Department of Health, Attention: Article XI, 200 County Seat Drive, Mineola, N.Y. 11501. Telephone number: 516-227-9691.**



NASSAU COUNTY  
DEPARTMENT OF HEALTH

200 COUNTY C DRIVE  
MINEOLA, NY 11501  
516-227-9691  
FAX : 516-227-9613

BUREAU OF ENVIRONMENTAL PROTECTION  
AFFIRMATION OF NON-LEAKING TANK

Re: \_\_\_\_\_

\_\_\_\_\_  
(Address)

I (we), \_\_\_\_\_ swear and affirm that I(we) own the above referenced property and that to the best of my(our) knowledge the underground tank and its associated piping used for storing oil solely for on-site space heating and/or water heating, located on this property, is not now leaking and has never leaked. This form may not be used where there is any re-occurring accumulation of water in the tank.

\_\_\_\_\_  
(Signature of Property Owner(s))

\_\_\_\_\_  
Affirmation must be received by NCDH seven (7) days prior to the date of the job.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
date month year

THIS FORM MUST BE SIGNED AND NOTARIZED BEFORE RETURNING VIA U.S. MAIL to the Nassau County Department of Health, Bureau of Environmental Protection, Att: Article XI, 200 County C Drive, Mineola, NY 11501. Telephone # 516-227-9691.

IN GROUND RESIDENTIAL/COMMERCIAL



- certificate must state:
1. Proposed size of tent to be installed
  2. Address of installation
  3. Dates tent will be at address
  4. CALL FOR INSPECTION

IMPORTANT DOCUMENT

# Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

FL21.4



ISSUED BY



EVANSVILLE, INDIANA 47711

Date of Manufacture	2/09/99
Order Number	215002

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

This is to certify that the materials described have been flame-retardant treated (or are inherently nonflammable) and were supplied to:

IN-TENTS INC  
70 W OAK ST  
KARMINGDALE  
NY 14735

*a m b l e*

FOR TENT RENTAL:

- certificate must state:
1. Proposed size of tent to be installed
  2. Address of installation
  3. Dates tent will be at address
  4. CALL FOR INSPECTION

Certification is hereby made that: The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, equal to exceeds NFPA 701, CPAI 84, ULC 109. The method of the FR chemical application is:

Serial #: B000900

Description of item certified: FI TOP 16W X 16 VL W W (0002)

Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

JOHN BOYLES, JR  
Name of Applicator of Flame Resistant Finish

Signed: *James D. Brown*  
TENT DEPARTMENT—ANCHOR INDUSTRIES INC.