



INCORPORATED VILLAGE OF  
**EAST ROCKAWAY**

DEPARTMENT OF BUILDING, ZONING  
AND CODE ENFORCEMENT  
P.O. BOX 189  
EAST ROCKAWAY, N.Y. 11518-0189  
PHONE: (516) 887-6310  
FAX: (516) 887-6311

**John F. Felbinger**  
Superintendent of Buildings  
**Juan A. Garcia, P.E., C.F.M.**  
Village Engineer

**MECHANICAL PERMIT APPLICATION**

Date: \_\_\_\_\_ Fee: \$75.00 Residential: \_\_\_\_\_ \$150.00 Commercial: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

1- Scope of Work & System Being Installed

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

2- Area of Work

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

3- This application is to be accompanied by specifications of the equipment to be installed. \_\_\_\_\_

4- This application is to be accompanied by completed survey and or drawings indicating locations of equipment to be installed. \_\_\_\_\_

Mechanical Contractor Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ East Rockaway Registration #: \_\_\_\_\_

Nassau County Home Improvement License #: \_\_\_\_\_

Mechanical Contractor Signature: \_\_\_\_\_

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

NOTARY SIGNATURE: \_\_\_\_\_

**SEAL:**

Applicant certifies that all information given is correct and that all work shall conform to the 2017 National Electrical Code, New York State Building and Fire Codes, Nassau Country Fire Marshalls Fire prevention ordinance and the Code and Ordinances of the Village of East Rockaway. No work is to be performed until a permit has been issued by the Village of East Rockaway Building Department and DISPLAYED on the premises. In the event of an emergency project, contact the building department at 516-887-6310 and leave a message of the nature of the emergency work being performed.