

INCORPORATED VILLAGE OF BELLE TERRE

1 Cliff Road, Belle Terre, New York 11777 (631) 928-0020

Applicant Leave Blank

Permit No	_____
Permit Issued	_____
Permit Expires	_____
Permit & CO Fee	_____
Decision	_____

APPLICATION FOR GENERATOR PERMIT

Name: _____

Address: _____

Telephone: _____

SECTION _____ BLOCK _____ LOT _____

DATE _____

THIS APPLICATION MUST BE APPROVED AND PERMIT ISSUED BEFORE BEGINNING WORK

The undersigned hereby applies for a permit to do the following work which will be done in accordance with the description, plans, building and zoning specifications submitted, and such special conditions as may be indicated on the permit, and pursuant to the Workmen's Compensation laws of this State of New York and all other State and Federal laws and regulations.

Location of Property: _____

Contractor or the person responsible for the supervision of the work: _____

Name	Address	Phone
Total Estimated Contract Costs: Building _____	Total Actual Contract Costs: Building _____	

NATURE OF PROPOSED WORK

____ Installation of generator
____ Additional propane source
____ Use existing natural gas source
____ Installation of gas and electric lines

BRIEF DESCRIPTION OF INTENDED USE OF GENERATOR

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN:

Hereby certify that I have received, read and understand all of the enclosed instructions regarding the Generator Permit Application for the Village of Belle Terre and have filled this application out to the best of my ability.

AFFIDAVIT

Incorporated Village of Belle Terre

Town of Brookhaven, County of Suffolk, State of New York

I swear to the best of my knowledge and belief 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 premises and that all provisions of the BUILDING CODE and ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature: _____
(Owner, Owner's Agent, Architect, Contractor)

Sworn before me this _____ day of _____, 20 _____

(Notary Public, Suffolk County, N.Y.)

AUXILIARY GENERATOR CHECKLIST

1. Complete and submit generator application at Belle Terre Village Office.
2. Indicate proposed generator location and/or tanks if applicable, on homeowner's property survey.
3. Indicate intention to use natural gas or propane, and if propane, mark location of proposed tank(s) on property survey.

 **Underground propane tanks and piping require inspection by Village Building Inspector before back-fill.
4. Complete gas line inspection certification form (completed and notarized by plumber).
5. Provide underwriter's certificate completed by electrician.
6. Prior to issuance of any building permits, applicants must provide proof of the:
 - a. Workers Compensation insurance (Certificate of Ins. or Affidavit)
 - b. Electrical Contractor's Suffolk County License
 - c. Plumbing Contractor's Suffolk County License
7. Fee of \$150.00.

Christopher Harding
Building Inspector



Incorporated Village of Belle Terre

1 Cliff Road
Belle Terre, New York 11777
(631) 928-0020

GAS SUPPLY LINE TEST CERTIFICATION

Building Permit No. _____ Dated: _____

Job Site Address: _____

Owner: _____

Plumber: _____

I certify that the Gas supply lines have been installed and tested in accordance with the Fuel Gas Code of New York State including section 404 and 406.

Installation:

☐ Residential Installation

☐ Commercial Installation

Please Check Combustion Appliance Installed:

☐ Heating Equipment

☐ Hot Water Heater

☐ Fireplace/Stove

☐ Kitchen Range

☐ Other _____

☐ Other _____

Test Pressure: _____ Test Duration: _____ () Pass () Fail

Comments: _____

I certify that I am the licensed plumber (License# _____) that installed all Gas Supply Lines on the above referenced premises.

I affirm that all information provided in this document is true and factual.

False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

Plumber or Homeowner Signature

State of New York, County of _____

On this _____ day of _____, 20____, before me
came _____

To me known to be the individual described in and who executed the forgoing instrument, and acknowledged that he/she executed the same.

Notary Public State of New York