

TOWN OF BLOOMING GROVE
BUILDING DEPARTMENT
Phone (845) 496-7011 Ex. 725 Fax (845) 496-1945

CONVERSION TO GAS HEAT

DATE: _____ PERMIT # _____ PERMIT FEE \$75.00

SECTION _____ BLOCK _____ LOT _____

OWNER NAME: _____ PHONE # _____

APPLICANT NAME: _____ PHONE # _____

MAIL ADDRESS: _____

PROPERTY LOCATION: _____

PLUMBER _____ PHONE # _____

A copy of the plumber's Workman's Compensation and liability insurance must be submitted with application. The liability must name the Town of Blooming Grove as Certificate Holder AND Additional Insured.

ELECTRICIAN _____ PHONE # _____

Copy of Orange County License must be submitted with application.

O&R GAS CERTIFICATION FORM (attached) – MUST BE SIGNED BY PLUMBER & BUILDING INSPECTOR AT PRESSURE TEST, RETURNED TO BUILDING DEPT. BEFORE GAS SERVICE CAN BE ACTIVATED.

**REQUIRED INSPECTIONS – PLUMBING & FINAL – Building Inspector
ELECTRIC (if applicable) – Town Approved Underwriter**

OILTANK REMOVAL – MUST SUBMIT DISPOSAL RECEIPT OF TANK/SLUDGE & SCHEDULE FINAL INSPECTION. ABANDONMENT – MUST SCHEDULE INSPECTION BEFORE BACKFILL, SUBMIT ABANDONMENT MANIFEST & SKETCH SHOWING TANK LOCATION WITH MEASUREMENTS FROM HOUSE.

APPLICANT'S SIGNATURE

PLEASE BE ADVISED: It is the owner/applicant's responsibility to submit proper paperwork, schedule inspections and re-inspections (if necessary) and to properly close out the permit. A building permit expires one year from the issue date. There will be a \$125.00 fee to close out and issue a CO or CC for an expired permit.

**TOWN OF BLOOMING GROVE
COUNTY OF ORANGE**

**OFFICE OF BUILDING INSPECTOR
AFFIDAVIT OF APPLICANT**

SECTION _____ BLOCK _____ LOT _____

Premises _____

State of New York:

SS:

County of Orange:

_____, being duly sworn deposes and
(Name of individual signing application)
says that he/she is the applicant named above.

He/She is the _____ and is duly authorized to perform or
(owner, contractor, agent, etc.)
have performed the said work and to make and file this application; that all statements
contained in this application are true to the best of his/her knowledge and belief, and that
the work will be performed in the manner set forth in the application and in the plans and
specifications filed therewith.

That the deponent will comply with Section 125 of the General Municipal Law that
requires any individual applying for a Building Permit prove to the building department
that he/she is in compliance with mandatory coverage provision of the Workmen's
Compensation Law.

Signature

Sworn to me before this _____ day of _____, 20 _____

NOTARY PUBLIC

**TOWN OF BLOOMING GROVE
COUNTY OF ORANGE**

APPLICATION FOR BUILDING PERMIT

Permit # _____ S/B/L _____

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the Building Codes of the State of New York and the Town of Blooming Grove Municipal Code for the construction of buildings, additions, removal and demolition, as herein described.

The applicant agrees to comply with all applicable Laws, Ordinances and Regulations. I certify that I have read this and understand all instructions of this building permit application.

Signature

Sworn to me before this _____ day of _____, 20_____

NOTARY PUBLIC

Gas Certification Form

O&R Project Number: _____

Municipal Permit Number: _____

of _____, _____, _____, _____
(Installer's Name) (Installer's Company) (License #) (Phone #)

hereby certifies that all gas piping and appliances installed at:

(Customer Name) (Address)

A) meet all installation requirements of: 1) the New York State Fuel Gas Code; 2) the equipment manufacturer; 3) the Orange & Rockland Natural Gas Installation Handbook; 4) the Energy Conservation Construction Code of New York State; and 5) all other applicable state and local laws; and

B) performed a satisfactory leakage test on _____ at a pressure of _____ psi for a duration of _____ minutes.
(Date)

Remarks: _____

Installer's Signature: _____ **Date:** _____

Is Corrugated Stainless Steel Tubing ("CSST") present? YES _____ NO _____.

If YES, I certify that it has been properly bonded to the grounding electrode system of the building:

_____ of _____, _____, _____
(Installer's Name—Print clearly) (Installer's Company) (License #) (Phone #)

Remarks: _____

Installer's Signature: _____ **Date:** _____

The undersigned municipal code official inspected this location on _____, 20____ and found the gas piping and the following installed gas appliances: [check all applicable and indicate how many of each]

stove(____), water heater(____), boiler/furnace(____), clothes dryer(____), gas fireplace(____), other(____) (specify) _____
to be in compliance.

Municipal Inspector's Name: _____ Municipality: _____

Phone Number: _____ Fax Number: _____

Remarks: _____

Municipal Inspector's Signature: _____ **Date:** _____

O&R installed a gas meter and/or activated gas at this premise: YES _____ NO _____

If NO, reason _____

Employee Name: _____ Date: _____
(Print Name)



PLEASE BE ADVISED:

If the Building Inspector must return to a property a third time for the same type of inspection because the first two inspections failed or the work was not ready/done on time – there will be a \$100.00 charge for each additional time the Inspector must return to do repeat inspections.