

# VILLAGE OF SHOREHAM

## Instructions for obtaining a Mechanical Permit (with required forms)

This Mechanical Permit Application Package is online at:  
[www.shorehamvillage.org](http://www.shorehamvillage.org)

A PERMIT FOR: **Electrical Work:** – Generators – Central Air Conditioning

**Plumbing Work:** – Gas Installations – Oil to Gas Conversions – Pool Heaters –

**Please read / review / print documents herein. Thank you in advance.**

For issuance of a Mechanical Permit the following **MUST** be submitted with this application:

1. Application for a Mechanical Permit filled out and signed.
2. Copy of your Certificate of Occupancy or Certificate of Existing Use
3. Copy of a valid Suffolk County Electrician's License with photo ID, (for electrical work).
4. Copy of a valid Suffolk County Plumber's License with photo ID, (for plumbing work).
5. Three (3) copies of a survey showing location of equipment when an exterior installation involved.
6. Plans and specifications detailing proposed work.
7. Inspection(s) Affidavit
8. Excavation Affidavit – when underground work is involved.
9. Proof of Workers Compensation & Disability Insurance & Liability Insurance.  
(Homeowner Exemption Affidavit – if homeowner is performing work)
10. Transitional Disclosure filled out and signed.
11. Fee payable to the Village of Shoreham

**Incorporated Village of Shoreham**  
**80 Woodville Road, Box 389**  
**Shoreham NY 11786**  
[www.shorehamvillage.org](http://www.shorehamvillage.org)



**VILLAGE OF SHOREHAM**  
**Building Department**  
**Suffolk County, NY**

**INSPECTIONS** – for a Mechanical Permit issued for Plumbing and/or Electrical Work.

1. Any work involving excavation and installation of any equipment subterraneous requires an inspection, **prior** to backfilling.
2. All work and equipment requires an inspection when it is completed and in working order.

**CERTIFICATE of COMPLIANCE** – upon completion the Building Department must receive the following:

1. LPG Pressure Test Certification, (form VS-22 (08/14) when applicable.
2. Final Electrical Underwriters' Certification and Approval for all electrical work performed.
3. Notarized statement from the Plumber or Electrician or Architect or Engineer stating that equipment has been tested, is installed in accordance with manufacturer's specifications and the applicable Building and Fire Codes of New York State. (See VS-34 (09/14) for a sample statement)

**COMPLETION** – Upon completion and receipt of the above required documents, a Certificate of Compliance will be issued by the Village of Shoreham Building Department.

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**VILLAGE OF SHOREHAM**  
**Building Department**  
Suffolk County, NY

**INSPECTION(S) AFFIDAVIT**

PROPERTY DESCRIPTION: SCTM

DISTRICT \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

TYPE OF APPLICATION \_\_\_\_\_

OWNER \_\_\_\_\_ AGENT FOR OWNER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

STATE OF NEW YORK )

) s s:

COUNTY OF SUFFOLK )

\_\_\_\_\_, being duly sworn deposes and says that he/she/they is (are) the Owner or Agent for the Owner of the property described within and declares under the penalty of perjury that the Owner will allow, permit and consents to the Village Building Commissioner, and/or Building Inspector and/or any officer or employee of the Village Building Department to enter upon the subject premises without a search warrant for the purpose of inspecting the work being performed under a building permit issued by the Village.

Owner Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Agent (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# VILLAGE OF SHOREHAM

## Building Department

Suffolk County, NY

### EXCAVATION AFFIDAVIT

Article 36 of the New York State General Business Law requires that no excavator shall commence or engage in any excavation or demolition unless and until he has served timely notice as provided in the law to operators who maintain underground facilities in the Village of Shoreham. Such notice shall be served in accordance with the Rules and Regulations promulgated by the Board of Standards & Appeals pursuant to section twenty-eight (28) of the Labor Law.

#### UNDERGROUND OPERATORS

A ONE (1) CALL CENTER FOR ALL UNDERGROUND OPERATORS

NOTE: CONTRACTOR TO PHONE NOT HOMEOWNER

**1-800-272-4480**

N.Y.S.D.O.U  
PSEGLI-LIP A- KEYSpan  
SUFFOLK COUNTY HEALTH SERVICES

TELEPHONE  
CABLEVISION  
SUFFOLK COUNTY WATER AUTHORITY

PROPERTY DESCRIPTION: SCTM

DISTRICT \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

TYPE OF APPLICATION \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_ AGENT FOR OWNER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

#### AFFIDAVIT OF EXCAVATION

STATE OF NEW YORK )

COUNTY OF SUFFOLK ) ss.:

\_\_\_\_\_, being duly sworn deposes and says that he/she is the Owner or Agent for the Owner of the property described within and declares under the penalty of perjury that the Owner will comply with Article 36 of the New York General Business Law and any other law regarding underground facilities.

Owner Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Agent (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# VILLAGE OF SHOREHAM

**RE: SECTION 125 of the NEW YORK STATE GENERAL MUNICIPAL LAW ...**  
**For all building permits in the Village of Shoreham, an applicant is required to either:**

1. PROVIDE PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. PROVIDE AN AFFIDAVIT THAT SUCH BUILDING PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## **Implementation of Section 125 of the General Municipal Law**

**1. General Contractors and Business Owners:** For businesses listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (WC/DB-100 or WC/DB-101),

under the mandatory provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, owner-occupied residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

**2. Owner-Occupied Residences:** For homeowners of a **Single Family, owner-occupied residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form VS-2 (07/14).

- ◆ Form VS-1 (07/14) shall be filed if the homeowner of a **Single Family, owner-occupied residence** is listed as the general contractor on the building permit, and the homeowner
  - \* is performing all the work for which the building permit was issued him/herself,
  - \* is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all work for which a building permit was issued or helping the homeowner perform such work, or,
  - \* has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **Single Family, owner-occupied residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours of all paid individuals on the jobsite) for work performed under the permit, then the homeowner may not file the "Affidavit of Exemption" but shall either:
  - \* acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form) or, if appropriate, file a WC/DB-100 exemption form, **OR**
  - \* have the general contractor, (performing the work on a single family, **owner-occupied residence**, listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

**VS-1(07/14)**

# VILLAGE OF SHOREHAM

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage  
And Disability Benefits for a Single Family, Owner-occupied Residence.

**NOTE: This form cannot be used to waive the workers' compensation rights or obligations of any party.**

STATE OF NEW YORK )  
COUNTY OF SUFFOLK ) ss.:

\_\_\_\_\_ *being duly sworn, deposes and says as follows:* Under penalty of perjury, I certify that I am the owner of the single family, **owner-occupied** residence listed on the building permit application that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ( ) I am performing all the work for which the building permit was issued.
- ( ) I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ( ) I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the single family, **owner-occupied** residence listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

**Hold Harmless:** I also agree to hold the Incorporated Village of Shoreham harmless for any claim and/or cause of action that may arise from the work performed by any individual(s) under a building permit issued by the Village of Shoreham to which this Affidavit of Exemption is applicable.

**Property Address:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

VS-2 (07/14)

# VILLAGE OF SHOREHAM

## LIABILITY INSURANCE REQUIREMENTS FOR BUILDING PERMIT

In addition to requirements of New York State General Municipal Law Section 125 regarding workers' compensation and disability insurance coverage the Village of Shoreham requires that an applicant provide proof of liability insurance, prior to the issuance of a building permit.

When a general contractor is performing all the work under a building permit, an insurance certificate evidencing general liability insurance coverage from the general contractor's insurance carrier MUST be provided to the Village of Shoreham. The certificate of insurance MUST:

- a) state the location of where work is being performed
- b) name the Incorporated Village of Shoreham as "Certificate Holder"
- c) name the Incorporated Village of Shoreham as "Additional Insured"
- d) state the time frame for notice of cancellation.

When an applicant submits an Affidavit of Exemption from the requirements of GML Section 125, the applicant must provide the Village of Shoreham with proof of homeowner's insurance for the address where work is being performed under a building permit. An insurance certificate evidencing homeowner's liability insurance must be submitted to the Village of Shoreham and must name the Incorporated Village of Shoreham as "Certificate Holder".

**Note - Demolition Permit:** For issuance of a Demolition Permit by the Village of Shoreham, the compensation and liability insurance certificate must not disclaim "demolition" from coverage under the insurance policy.

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**LPG SUPPLY LINE INSTALLATION CERTIFICATION**

To: **INCORPORATED VILLAGE OF SHOREHAM:** Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: (LPG Installation Company) \_\_\_\_\_

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

Applicant E-mail: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Plumber:  Same as Applicant (above)  Other (specify): \_\_\_\_\_

Plumber Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Plumber License #: \_\_\_\_\_

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

Property Owner: \_\_\_\_\_ SCTM: Dist\_\_\_\_ Sec\_\_\_\_ Blk\_\_\_\_ Lot\_\_\_\_

Type of LPG Tank: \_\_\_\_\_ Hydrostatic Date: \_\_\_\_\_ Number of Tanks: \_\_\_\_\_

Capacity (Gallons- H2O): \_\_\_\_\_  New Installation  Existing Installation  Above Grade  Below Grade

Piping Construction / Size: \_\_\_\_\_ Support (Foundation) Type: \_\_\_\_\_

**Check Combustion Appliance(s) Installed:**

Heating Equipment  Hot Water Heater  Fireplace/Insert  Free-standing Stove  Pool Heater

Kitchen/Oven Stove  Clothes Dryer  Other (specify): \_\_\_\_\_

**STATE OF NEW YORK )**

**COUNTY OF SUFFOLK ) ss:**

I, \_\_\_\_\_ being duly sworn depose, say and certify under the penalties of perjury that I am a licensed plumber and that I installed all gas supply lines for the above referenced premises in connection with the application to install Liquid Petroleum Gas (LPG) with which this **LPG SUPPLY LINE INSTALLATION CERTIFICATION** is being submitted. I further certify that pressure testing was conducted by me, or under my direct supervision, and that the results thereof, as indicated on this document, are true and accurate.

\_\_\_\_\_  
Plumber's Signature

\_\_\_\_\_  
Date

On this \_\_\_ day of \_\_\_\_\_ 20\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the individual described in the within instrument and acknowledged that he/she executed the same in his/her capacity and that by his/her signature on the instrument, executed the instrument.

\_\_\_\_\_  
**Notary Public**

=====

**Test Pressure** \_\_\_\_\_ **Test Duration** \_\_\_\_\_ **Results:** \_\_\_\_\_

**SAMPLE..... Engineer (PE) or Architect (RA) or Plumber or Electrician**

**ABC Services Inc.**

**P.O. Box X - Any Town – New York 11111**

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Date...

Incorporated Village of Shoreham

P.O. Box 389

Shoreham, NY 11786

Re: Statement of Compliance for .....

Smith Residence – 123 Any St. Shoreham NY 11786

Permit No.

I have reviewed and certify that the manufacturer’s specifications and guidelines for the equipment installed at the above residence have been met. This equipment has been installed properly at the above residence. The installation is in accordance with all Building and Fire Codes of New York State as well as any other provision(s) of applicable law.

**STATE OF NEW YORK)**

)**ss.**

**COUNTY OF SUFFOLK)**

I \_\_\_\_\_, the \_\_\_\_\_ for the subject project, being duly sworn

( Engineer, Architect, Plumber, Electrician)

deposes and declares under the penalty of perjury that the above information is true and complete.

Signature \_\_\_\_\_ Title (if any) \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_

Notary Public

**VILLAGE OF SHOREHAM**  
**TRANSACTIONAL DISCLOSURE FORM**  
**(Conflict of Interest Disclosure)**

This Transactional Disclosure form is required to be submitted by an applicant for certain applications submitted to the Village of Shoreham. The purpose of the disclosure is to alert the Village if a party of influence has an interest in this application, or if someone within the Village who will participate in any decision making process has an interest in the application.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

This form is for: ( ) An Individual ( ) A Corporation ( ) A Partnership ( ) Other

Nature of Application:

( ) Building Permit ( ) Demolition ( ) Variance ( ) Tax Grievance ( ) Change of Zoning

( ) Platt Approval ( ) C of EU ( ) Amendment ( ) Exemption ( ) Bidding

Affected parcel (address) \_\_\_\_\_

Does any elected officer, appointed official or employee of the Village of Shoreham or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? **Yes** ( ) **No** ( )

**If NO, Please go to Section 4, sign and date.**

**If YES, Please complete the appropriate section below.**

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**Section 1- For an Individual:**

Interested Party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**Section 2 - For a Corporation:**

Interested Party:

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Relationship to elected officer, appointed official or employee, if other than Self: \_\_\_\_\_

Yes ( ) No ( ) Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded?

Yes ( ) No ( ) The actual applicant,

Yes ( ) No ( ) An Officer, Director, Partner, or Employee of the applicant, or

Yes ( ) No ( ) Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

**Section 3 - For a Partnership or Association:**

Interested Party:

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Relationship to elected officer, appointed official or employee, if other than Self: \_\_\_\_\_

Yes ( ) No ( ) Does the owner hold five percent (5%) interest of publicly traded shares?

Yes ( ) No ( ) The actual applicant,

Yes ( ) No ( ) An Officer, Director, Partner, or Employee of the applicant, or

Yes ( ) No ( ) Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

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**SECTION 4 - ALL APPLICANTS, PLEASE FILL OUT BELOW, SIGN AND DATE:**

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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