



TOWN OF OSSINING
Building Department
 101 ROUTE 9A, P.O. Box 1166
 OSSINING, N. Y. 10562

PHONE: (914) 762-8419
 FAX: (914) 944-0195
www.townofossining.com
 email: bldgdept@townofossining.com

HVAC - MECHANICAL PERMIT APPLICATION

Estimated Cost of Project: _____ Fee Paid: _____ Date: _____

Property Owner Name & Address of Job Location: _____

Section _____ Block _____ Lot _____

The proposed work outlined in this application conforms to all provisions of the ordinances of the Town of Ossining, the laws of Westchester County and the State of New York. It is agreed that the work will be prosecuted in accordance with the provisions of such ordinances and laws.

Detailed Description of Work. (Attach Sketch, Installation Drawings, Specification Sheets and/or Plans): _____

Insurance Requirements (provide copies of the following):

- Certificate of Liability Insurance naming "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as the certificate holder and additionally insured. The job location must be referenced on the certificate.
- Certificate of Insurance for Workers' Compensation (Form 105.2) with "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as certificate holder.
- New York State Disability Form (DB-120.1) with "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as certificate holder.
- If there is not Workers' Compensation Policy, a waiver must be submitted by the Workers' Compensation Board.
- Westchester County License.

HVAC Contractor Information:

Company Name _____ Contact Name: _____

Mailing Address: _____ Email: _____

City _____ State _____ Zip: _____ Phone: _____

License No. _____

Signature of Contractor: _____ Date: _____

Do not write in this space for office use only

Date: _____

Permit No: _____

Related Permit: _____

 Building Inspector

Approved

Denied