

# Town of North Hempstead

Department of Building Safety Inspection and Enforcement  
210 Plandome Road, Manhasset, NY 11030-2327  
Telephone: (516) 869-6311 Fax: (516) 869-7662  
www.northhempsteadny.gov



## ANTENNA LOCATION PERMIT REQUIREMENTS SHEET

• This application is also to be used for maintains, upgrades or any equipment alterations •

Refer to §75 of the Code of the Town of North Hempstead

All Applications for an Antenna Location Building Permit shall be submitted in TRIPPLICATE, and shall include the following documentation, unless otherwise specified:

1. A filing fee of \$500 shall accompany this application at the time of filing. No credit cards are accepted at this time.
2. Completed original Antenna Location Permit Application Form.
3. Antenna Location Permit Code Compliance Sheet.
4. Property survey.
5. Drawings bearing the original seal and signature of the licensed design professional responsible for the work on each page thereof, as follows:
  - a) A location map to scale indicating the location of the proposed facility.
  - b) A site plan or plans to scale specifying the location of the proposed facility on the property. All setbacks of the facility from front, rear and side yards shall be shown. (If the facility is located upon an existing structure, the setbacks of the existing structure from front, rear and side yards shall be shown and the location of the facility on the existing structure, including all dimensions, shall be shown).
  - c) Elevations showing the height of all proposed antennas, equipment and supporting structures (i.e., monopoles, towers, etc.) from ground level. Dimensions of all antennas and equipment and the distances of each from the top of any structures upon which they are located shall also be shown.
  - d) Construction drawings.
6. Completed original Full Environmental Assessment Form Part I and Visual Assessment Addendum, pursuant to the New York State Quality Review Act.
7. Certification by a licensed professional engineer or other qualified person that the proposed facility will not cause interference with existing communication devices and that electromagnetic radiation levels at the proposed site are within any threshold levels that have been adopted by the FCC bearing the original signature of the professional responsible for the work.
8. An agreement between the applicant and the owner of the site which authorizes the use of the site as a location for the proposed wireless telecommunications facility.
9. Any FCC licenses and approvals allowing the applicant to operate a wireless telecommunications facility.
10. For alterations and upgrades, copies of all Special Permit(s), Certification of Completion, and/or Certificate of Existing Use issued for the site and all operating license or proof of renewal pursuant to Code § 75-5(C). Please be advised, if no license renewal has been obtained for the proposed wireless telecommunications facility, as required by Code § 75-5(C), a separate renewal application shall be required.
11. Proof of Insurance shall be submitted by the carrier licensed by the Federal Communications Commission (FCC) and each contractor, as follows:
  - a) Proof of Commercial General Liability insurance with completed operations (plus X.C.U. when applicable), to which the **Town of North Hempstead has been added as additional insured**;
  - b) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance or proof of the applicant not being required to secure same; and
  - c) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance or proof of applicant not being required to secure same.
  - d) *\*Please see attached insurance information sheet for additional information and/or requirements that may apply depending on the type of work proposed.*
12. An original and two copies of a cash deposit or bond from a surety company that is both an admitted carrier in the State of New York and has a Best's Rating of B- or better, or a Best's rating of 4 or better. \*See attached Bond Requirements Sheet.
  - a) The cash deposit or bond must be in an amount equal to 200% of the estimated cost of removing any wireless telecommunications facility; in the event that the site is abandoned, and there are costs incurred by the Town or property owner in storing the site to its prior condition, except that this requirement may be waived for mobile wireless telecommunications facilities (cells on wheels).
  - b) In the event that a penalty is assessed pursuant to the provisions of this chapter, the Commissioner of Building and Safety Inspection and Enforcement or the Town Comptroller may deduct the amount of such penalty from the cash deposit.
  - c) The applicant shall maintain the required cash deposit or bond at all times.
  - d) For alterations and upgrades, a copy of the original bond filed with the Town and a verification that the bond is still in full force and effect from the surety shall be required.

\*All resubmissions to an omission letter or a letter of disapproval shall be HAND DELIVERED to the Building Department and shall include a copy of the letter the resubmission is in response to. Submissions sent via mail or package delivery service will not be reviewed, and will be returned by mail to the sender. Likewise, submissions sent via email will not be reviewed.

**PLEASE TAKE NOTICE:** The Town **RETAINS THE RIGHT TO REJECT** incomplete applications and/or applications for alterations or upgrades to an existing wireless telecommunications facility that is currently operating *without the benefit of required Town approvals and/or a valid operating license in violation of Chapter 75 of the Code* until all required approvals and/or licenses are issued/obtained and the wireless telecommunications facility is Code compliant.

**Applicant shall provide complete information on all forms. Do not leave any item blank.  
Incomplete applications will not be accepted for filing.**



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Application Number: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_

## APPLICATION FOR ANTENNA LOCATION PERMIT

Issued Pursuant to §75 of the Code of the Town of North Hempstead

New Wireless Facility [ ]      New Freestanding Wireless Facility [ ]      Legalize/Maintain [ ]  
Alteration to Wireless Facility [ ]      Alteration to Freestanding Wireless Facility [ ]

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zone: \_\_\_\_\_ Date: \_\_\_\_\_

### Address of Permit Activity:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Owners Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Corporation: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Applicant's Information: *(Please be advised that all correspondence from the Town will be sent to the applicant ONLY)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Corporation: \_\_\_\_\_

c/o (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Design Professional's Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Corporation: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Consultant/Professional's Information, if applicable (e.g. attorney/site acquisition/expediter):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Corporation: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Description of Work:

Estimated Cost of Construction: \$ \_\_\_\_\_

1. Is the premises under the supervisory authority, control, or oversight of any State or Federal Agency or required to comply with conditions established by such agency(s) as a result of environmental conditions Yes [ ] No [ ]
2. Is this permit to legalize/maintain an existing structure: Yes [ ] No [ ] If yes, Submit completed Maintain Supplemental Form. Permit fee shall be quadrupled as per Section §2-28 of the Code of the Town of North Hempstead.
3. Does this project conform to the Code of the Town of North Hempstead: Yes [ ] No [ ] If no, list code sections it fails to comply with \_\_\_\_\_
4. Does this project conform to the Building Code of New York State: Yes [ ] No [ ] If no, list all sections of the code that the wireless communications facility fails to comply with. \_\_\_\_\_
5. Does this project require review and/or approval from any other regulatory agency having jurisdiction: Yes [ ] No [ ] If yes, identify agency or authority and describe all items that require review and approval. \_\_\_\_\_

### FOR OFFICIAL USE ONLY

**PLEASE TAKE NOTICE:** No errors, omissions, or oversights on the part of the Plans Examiner shall release the design professional, applicant and/or owner of the responsibility to comply with all requirements of the New York State Building Code, the Laws of the Town of North Hempstead, and all other applicable codes and standards having authority over the work.

I (we) hereby certify under penalty of perjury that:

1. I (we) agree to permit the Building Inspector and any officer or employee of the Town of North Hempstead to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of the approved permit shall remain on the premises at all times until a Certificate of Occupancy / Completion / Acceptance is issued. These plans shall be made available to the Building Inspector upon request.
3. Building Inspector shall be given a minimum forty-eight (48) hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved. Failure to follow this procedure may result in the permit being voided.
4. Owner or his/her representative shall be responsible to arrange for all required inspections.
5. Owner shall be responsible for the presence of the appropriate representative for the required inspection as directed by the Building Inspector.
6. Permit shall expire three (3) months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner / applicant. Commencement of any work prior to the receipt and posting of the permit will result in the assessment of quadruple fees pursuant to §2-28 C(15) of the Code of the Town of North Hempstead
7. Work shall be permitted between the hours of 7:30 AM and 6:00 PM, Monday through Friday only.
8. I (we) understand that Occupancy and/or operation of the premises or structure without first obtaining a Certificate of Occupancy, or use of the premises without first obtaining a Certificate of Completion or approval is unlawful and may subject the owner of the premises to the penalties described in the Code of the Town of North Hempstead.
9. I (we) fully understand that failure to have all inspections and documentation required by the inspector will void any permit(s) granted under this and related applications, as deemed appropriate and necessary by the inspector and/or Building Commissioner.

State of New York }  
 County of Nassau }

I \_\_\_\_\_ (Property Owner) deposes and says that he/she/corp. resides at \_\_\_\_\_ in the State of \_\_\_\_\_, that he/she/corp. is the owner in fee of all certain lots, parcel of land identified as, Section \_\_\_\_\_ Block \_\_\_\_\_ Lot (s) \_\_\_\_\_ situated, lying and being within the unincorporated area of the Town of North Hempstead; that I/we have read and understand items one (1) through nine (9) as here in stated; recognize that he/she is responsible for all activities occurring on the property; and that failure to comply with any of the items, notwithstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Code of the Town of North Hempstead.

Signature of Owner or Authorized Officer of Corp.: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Signature of Notary Public: \_\_\_\_\_

I \_\_\_\_\_ (Monopole or Free-standing Tower Owner) deposes and says that he/she/corp. resides at \_\_\_\_\_ in the State of \_\_\_\_\_, that he/she/corp. is the owner in fee of all certain lots, parcel of land identified as, Section \_\_\_\_\_ Block \_\_\_\_\_ Lot (s) \_\_\_\_\_ situated, lying and being within the unincorporated area of the Town of North Hempstead; that I/we have read and understand items one (1) through nine (9) as here in stated, recognize that he/she is responsible for all activities occurring on the property, and that failure to comply with any of the items, notwithstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Code of the Town of North Hempstead.

Signature of Owner or Authorized Officer of Corp.: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Signature of Notary Public: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Final Survey Received:</b> _____	<b>Electrical Certificate Number:</b> _____
<b>Final Inspection Date:</b> _____	<b>Inspector Signature:</b> _____

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## **Antenna Location Permit Application Bond Requirements Sheet**

The following information shall be included on all bonds submitted in accordance with Code § 75(5)(D)(10):

1. **Address:** An address that sufficiently identifies the subject property (*i.e.* that which is identified in the Lease/License Agreement, including the Nassau County Land and Tax Map Section, Block, and Lot(s)).
2. **Bond Number:** This is the Apolicy number@ for the bond and the Surety Company will reference/identify this number in the event of a claim under the bond.
3. **Principal Name:** Name of carrier licensed by the Federal Communications Commission that is erecting wireless telecommunications facility or entity performing the work.
4. **Surety Company Name:** Insurance/Bonding Company guaranteeing bond.
5. **Obligee Name:** Town of North Hempstead (beneficiary under the bond).
6. **Site/Project Name/ID:** Should match the name of the contract in place with the principal (if applicable).
7. **Date:** Bond should be dated.
8. **Signatures:**
  - a. Signature of Officer of the Principal firm.
  - b. Signature of Attorney-in-Fact for the Surety (Insurance/Bonding) company and **corporate seal** of the surety company should be affixed. (*Name of Attorney-in-Fact must be listed on Power of Attorney for Surety Carrier*).
9. **Corporate Seal(s):**
  - a. Corporate seal of Principal (if corporation) must be affixed to the bond over the Officer's signature.
  - b. Corporate seal of Surety must be affixed to the bond over the Attorney-in-Fact's signature.
  - c. **If no seal is provided** by the Principal, a letter indicating its legal status, and the reasons why it is not required to have a seal.
10. **Acknowledgments:**
  - a. Acknowledgement by Corporate Principal for the Officer of the principal firm.
  - b. Acknowledgement by Surety for its Attorney-in-Fact.
11. **Power of Attorney:** Power of Attorney naming Attorney-in-Fact authorized to sign on behalf of Surety. The Power of Attorney must be dated.
12. **Financial Statement:** Most current financial statement of Surety.



# Town of North Hempstead

Application Number: \_\_\_\_\_

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### ANTENNA LOCATION PERMIT CODE COMPLIANCE SHEET

• **DO NOT LEAVE ANY ITEM BLANK** •

**Address of Permit Activity:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

#### CODE OF THE TOWN OF NORTH HEMPSTEAD

1	Does this project required a Special Permit per §75-6	Yes [ ] No [ ]
2	Height of structure	Ft
3	Height of antenna above structure	Ft
4	Height of freestanding wireless facility	Ft
5	Height of accessory structure	Ft
6	Setback of freestanding wireless facility from public roadways	Ft
7	Setback of freestanding wireless facility per code requirements:	
7a	Front Yard	Ft
7b	Front Yard 2 (if applicable)	Ft
7c	Side Yard 1	Ft
7d	Side Yard 2	Ft
7e	Rear Yard	Ft
8	Is antenna screening and camouflaging provided	Yes [ ] No [ ] N/A [ ]
9	Does the location of accessory structures, equipment, and cabinets etc located on a building comply with §75-7(C)(5)	Yes [ ] No [ ] N/A [ ]
10	Does the location of accessory structures, equipment, and cabinets etc located on a freestanding wireless facility comply with §75-7(C)(6)	Yes [ ] No [ ] N/A [ ]
11	Does the freestanding wireless facility have sufficient landscaping materials to screen the facility from the public view in accordance with §75-7(C)(8)	Yes [ ] No [ ] N/A [ ]
12	Is the freestanding wireless facility enclosed by a fence in accordance with §75-7(C)(9).	Yes [ ] No [ ] N/A [ ]

#### BUILDING CODE OF NEW YORK STATE (2010 EDITION)

13	Plans, sections, details, schedules, etc for all structural work	Yes [ ] No [ ] N/A [ ]
14	Structural design information per §1603 provided	Yes [ ] No [ ] N/A [ ]
15	Special inspection statement per §1704 provided	Yes [ ] No [ ] N/A [ ]
16	Soil investigation information per §1802 provided	Yes [ ] No [ ] N/A [ ]
17	Design information for structural concrete per §1901	Yes [ ] No [ ] N/A [ ]

#### PLEASE TAKE NOTICE:

The above list is a summary of the requirements set forth in the New York State Building Code and/or Town of North Hempstead Code that apply to most Antenna Location Permits Applications. The above list is a **SUMMARY ONLY**; it is **NOT MEANT** to be a complete or comprehensive list of all applicable New York State Building Code and/or Town of North Hempstead Code requirements that may apply to any particular project. Nor does it release the design professional of its obligation to submit documents that fully comply with **ALL APPLICABLE REQUIREMENTS** set forth in the Building Code of New York State and the Code of the Town of North Hempstead.

Licensed Design Professional Business / Corporation _____ Name: Last: _____ First: _____ License Number: _____ Address: Street _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Licensed Design Professional's Stamp and Original Signature must appear here.
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# TOWN OF NORTH HEMPSTEAD

## **INSURANCE AND LICENSE REQUIREMENTS FOR A PERMIT**

The Town of North Hempstead, Nassau County, and the State of New York, require that **NO** building permit may be issued until all current insurances and license information is presented for each permit.

**FOR ALL CONTRACTORS: BEFORE EACH PERMIT CAN BE ISSUED**, we require a copy of your current **Nassau County Home Improvement License** (this Nassau license is not necessary for commercial jobs or new home construction). Plumbers or Electricians need a copy of their current license. Proof of Insurance shall be submitted by all contractors, as follows: (a) Proof of Commercial General Liability insurance with completed operations (plus X.C.U. when applicable), to which the Town of North Hempstead has been added as additional insured; (b) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance or proof of the applicant not being required to secure same; and (c) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance or proof of applicant not being required to secure same.

**STAND-ALONE PERMITS** (such as plumbing, signs, fences, trees, etc; (any work not connected to a building permit), where there is a short review process must have all insurances attached at time of application submittal, or they will not be accepted). Explanation: Although the Town keeps computer records, records do not always reflect current coverage, so we require copies of all insurances at time of permit application to prevent any unnecessary delays. For submittals that will take longer to review (such as an addition, alteration, or new home), insurances don't have to be submitted until just before a permit is issued.

**HVAC PERMITS** will only be issued to companies, individuals, or plumber's that hold a Nassau County General Contractors License or a Nassau County Home Improvement License that includes HVAC work. A Nassau County license that states "Air Conditioning" or "Heating & Air Conditioning" is fine. We will be glad to check with Nassau County if there is a question as to coverage for HVAC work.

A **HOMEOWNER** can serve as his own GC on some work if it is only in the home that he currently occupies, using a **BP-1 form**.

A homeowner may also do plumbing work (except any gas related work) on his owner occupied home as well, but must first take a competency test we can provide upon request.

For a **Demolition permit**, a Nassau County Home Improvement License is required unless the entire foundation is removed and a NEW C/O will be issued.

**Liability** insurance is usually submitted on a standard "Accord" form. Some other forms may be acceptable. (Please note: by New York State Law, we can not accept NYS Disability and NYS Worker's Compensation coverage on the Acord form). What we can accept is stated below:

### **NEW YORK STATE INSURANCE REQUIREMENTS – General Municipal Law §125, WCL §57 & §220**

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance. This applies to all businesses with employees.

- 1) **Form BP-1 (12/08)** Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, **Owner occupied Residence** (This is the **ONLY** form available from the Town of North Hempstead). This form is used by a homeowner who will be doing most of the permit work himself, with no or minimal assistance of up to a total of 40 man-hours per week. This form must be signed and notarized.
- 2) **Form CE-200** from **Group A** attesting to no need for either or both Workers Compensation and Disability Benefits Coverage (Note: If the CE-200 form does not exclude BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the coverage not exempted by the CE-200). This CE-200 form must be submitted with a specific site address for each permit, and the expected duration of the job. The form must have an original signature and date. No copies of this form will be accepted. If the CE-200 is not used or only partially used, then see #3 below
- 3) A form from either or both **Group B and Group C** (which has not been exempted by the CE-200 form).

The **ONLY ACCEPTABLE** forms are as follows:

Group	Form No.	Description
A	CE-200	Certificate of Attestation For New York Entities With <u>No</u> Employees and Certain Out of State Entities That New York State Worker's Compensation and/or Disability Benefits Insurance Coverage is Not Required.
B	C-105.2 (9-07)	Certificate of Worker's Compensation Insurance
B	SI-12 (10/03)	Certificate of Worker's Compensation Self Insurance
B	GSI-105.2 (2/02)	Certificate of Participation in Worker's Compensation Group Self Insurance
B	U-26.3	New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition work, this form <u>must</u> state that demolition coverage is included)
C	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance
C	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance

Effective September 9, 2007, all out-of-state employers with employees working in New York State are required to carry a full, statutory New York State workers' compensation insurance policy. An employer has a full, statutory New York State workers' compensation insurance policy when New York is listed in Item "3A" on the Information Page of the employer's workers' compensation insurance policy. It may be appropriate to contact your insurance broker, carrier or agent, check with your trade association, or conduct additional research to find the most appropriate insurance coverage for your company. In addition, a New York State workers' compensation policy may be obtained from the New York State Insurance Fund by calling 1-888-875-5790 and a disability benefits insurance policy may be obtained from the New York State Insurance Fund by calling 1-866-697-4332.



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Application Number: \_\_\_\_\_

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## CONTRACTOR LIST FOR ANTENNA LOCATION PERMIT APPLICATIONS

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

### Address of Permit Activity:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### GENERAL CONTRACTOR:

Corporation Name: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### PLUMBING CONTRACTOR:

Corporation Name: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### ELECTRICAL CONTRACTOR:

Corporation Name: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### HVAC CONTRACTOR:

Corporation Name: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### OTHER CONTRACTOR:

Corporation Name: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_