

**VILLAGE OF SANDS POINT  
DATA FOR APPLICATION/UNDERGROUND SPRINKLER SYSTEMS  
CLASS 'B' AND 'D'**

The following data must accompany all applications for approval of underground sprinkler systems:

**Note:** Two (2) copies of the application and three (3) copies of plans and one (1) copy of the New York State Department of Health Form must accompany application.

**Fees:** Please note this permit requires 2 separate fee payments to be submitted:

- 1) Village of Sands Point Application/Permit Fee: \$750.00  
(Check made payable to the "Inc. Village of Sands Point")
- 2) Nassau County Department of Health/Double Check Valve Fee: \$140.00 per device  
(Check made payable to "Nassau County Department of Health")

<b>Applicant:</b>	<b>Section:</b>	<b>Block:</b>	<b>Lot(s):</b>
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**Address:**

**Application for (check one):**     Existing System    or     Proposed system

**Plumber or Contractor:**

**Address:**

<b>Office #:</b>	<b>Cell #:</b>	<b>E-Mail:</b>
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**Area to be sprinkled (in square feet):**

**Number of sections:**

**Number of spray nozzles in each section (Maximum 8 Sections):**

1)	2)	3)	4)	5)	6)	7)	8)
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**Gallons per minute in each section (Limit: 30 gpm)**

1)	2)	3)	4)	5)	6)	7)	8)
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<b>Building Service Pipe:</b>	<b>Length:</b> (Building to street) _____ feet	<b>Diameter:</b> _____ inches	<b>Material:</b>
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**Size of meter on building service: \_\_\_\_\_ inches**

**Drawing to Scale Showing:**

- 1) Area to be sprinkled: \_\_\_\_\_ square feet
- 2) Underground pipes system showing size of pipes, location of spray nozzles, hand operated control valves, house service water pipe, sprinkler service water pipe and meter pit.
- 3) Make and Type of: Underground pipe, vacuum breaker, check valves, sprinkler heads, time clocks and any other special equipment.
- 4) Flow rate of each sprinkler head in gallons per minute and rate of flow of largest section in gallons per minute and rate of flow of largest section in gallons per minute (Limit = 30gpm) at designed pressure of \_\_\_\_\_ pounds per square inch.
- 5) Normal Pressure at building \_\_\_\_\_ pounds per square inch.

**Note:** The above data can readily be prepared by your plumber or contractor if you do not have the information available. *This data must be filed with your application.*

<b>Owner Signature:</b>	<b>Date:</b>
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# Application for Approval of Backflow Prevention Devices

**PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES**  
Please completed items 1 through 12a + Block and Lot Numbers

Block #	Lot #	FOR DEPARTMENT USE ONLY Log No.
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1. Name of Facility		2. City, Village, Town		3. County	
4. Location of Facility <small>Street</small>		City	state	zip	
4a. Phone Numbers		5. Contact Person			
5. Approx. Location of Device(s)		6. Mfg. Model #		Size of Device(s)	
# of Fire Services		# of Domestic Services	# of Combined Services	Total # of Services	Total # of Buildings
7. Name of Owner		Title	Phone Number		8. Nature of works <input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device
Full Mailing Address Address <small>street</small>				8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service	
City state zip				8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations	
Owner's Signature				Date M / D / Y	

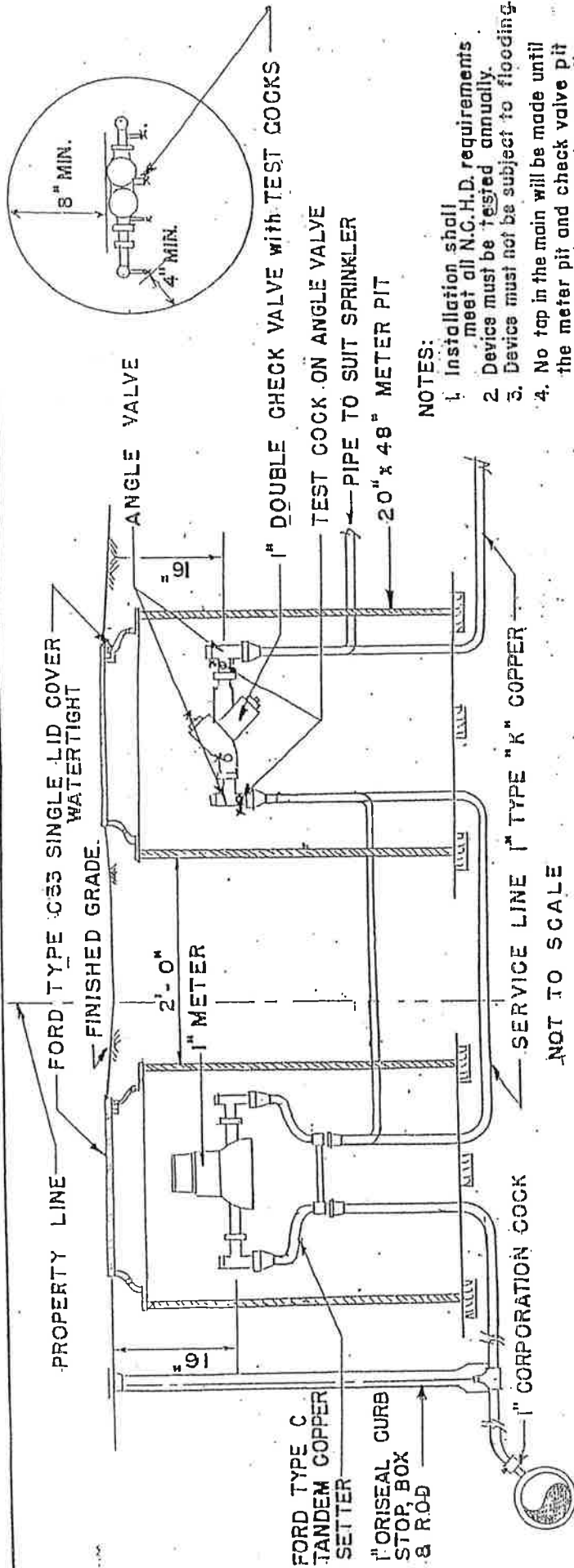
9. Name of Design Engineer or Architect		10. NYS License #	
<small>Street</small> Address City State Zip  Signature  Original Ink signature and seal required on all copies		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other  10a. Telephone Number(s)  Date M / D / Y	

11. Water System Pressure (psi) at Point of Connection Max _____ Avg _____ Min _____		12. Estimate Installation Cost	12a. Estimate Design Cost
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13. Degree of Hazard <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable		List of processes or reasons that lead to degree of hazard checked: _____ _____	
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14. Public water supply name		Name of supplier's designate representative	
Mailing Address <small>street</small> City state zip		Title	
Telephone No. ( )		Signature M / D / Y	

Note: All applicants must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be submitted to the water supplier, who will forward it to the local public health engineer. This form must be prepared in quadruplicate with four copies of all plans, specifications and descriptive literature.



NOTES:

1. Installation shall meet all N.C.H.D. requirements
2. Device must be tested annually.
3. Device must not be subject to flooding
4. No top in the main will be made until the meter pit and check valve pit and all their contents (except the meter), the service pipe to the main and the curb stop box and rod are installed in a manner satisfactory to the Village.

5. 30 gpm.

TYPICAL INSTALLATION  
 1" SERVICE LINE  
 DOUBLE CHECK VALVE ASSEMBLY  
 IN A SEPARATE OUTSIDE METER PIT  
 INC. VILLAGE OF SANDS POINT  
 NASSAU COUNTY, N.Y.

NOT TO SCALE



MAY, 1962 REV. 1991

DRAWING No. 1

All devices must meet New York State and Nassau County Health Department Requirements

SIDNEY B. BOWNE & SON  
 CONSULTING ENGINEERS