



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

PHONE: (914) 762-8419
FAX: (914) 292-4656
Website www.townofossiningny.gov
Email: building@townofossiningny.gov

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



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NEW YORK STATE ENERGY CODE REQUIREMENTS FOR HVAC SYSTEMS

R403.3.1 Insulation (Prescriptive).

Supply and return ducts in attics shall be insulated to an R-value of not less than R-8 for ducts 3 inches (76 mm) in diameter and larger and not less than R-6 for ducts smaller than 3 inches (76 mm) in diameter. Supply and return ducts in other portions of the building shall be insulated to not less than R-6 for ducts 3 inches (76 mm) in diameter and not less than R-4.2 for ducts smaller than 3 inches (76 mm) in diameter.

Exception: Ducts or portions thereof located completely inside the building thermal envelope.

[NY]R403.3.2 Sealing (Mandatory).

Ducts, air handlers and filter boxes shall be sealed. Joints and seams shall comply with either the Mechanical Code of New York State or Residential Code of New York State, or the New York City Construction Code, as applicable.

Exceptions:

1. Air-impermeable spray foam products shall be permitted to be applied without additional joint seals.
2. For ducts having a static pressure classification of less than 2 inches of water column (500 Pa), additional closure systems shall not be required for continuously welded joints and seams, and locking-type joints and seams of other than the snap-lock and button-lock types.

R403.3.2.1 Sealed air handler.

Air handlers shall have a manufacturer's designation for an air leakage of not greater than 2 percent of the design airflow rate when tested in accordance with ASHRAE 193.

R403.3.3Duct testing (Mandatory).

Ducts shall be pressure tested to determine air leakage by one of the following methods:

1. 1.Rough-in test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the system, including the manufacturer's air handler enclosure if installed at the time of the test. Registers shall be taped or otherwise sealed during the test.
2. 2.Postconstruction test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the entire system, including the manufacturer's air handler enclosure. Registers shall be taped or otherwise sealed during the test.

Exceptions:

1. 1.A duct air-leakage test shall not be required where the ducts and air handlers are located entirely within the building thermal envelope.
2. 2.A duct air-leakage test shall not be required for ducts serving heat or energy recovery ventilators that are not integrated with ducts serving heating or cooling systems.

A written report of the results of the test shall be signed by the party conducting the test and provided to the building official.

R403.3.4Duct leakage (Prescriptive).

The total leakage of the ducts, where measured in accordance with Section R403.3.3, shall be as follows:

1. 1.Rough-in test: The total leakage shall be less than or equal to 4 cubic feet per minute (113.3 L/min) per 100 square feet (9.29 m²) of conditioned floor area where the air handler is installed at the time of the test. Where the air handler is not installed at the time of the test, the total leakage shall be less than or equal to 3 cubic feet per minute (85 L/min) per 100 square feet (9.29 m²) of conditioned floor area.
2. 2.Postconstruction test: Total leakage shall be less than or equal to 4 cubic feet per minute (113.3 L/min) per 100 square feet (9.29 m²) of conditioned floor area.

RESIDENTIAL HVAC EQUIPMENT DESIGN WORKSHEET
HEATING AND COOLING EQUIPMENT

House Address: _____ Permit #: _____ Date: _____

Permit Applicant: _____ Phone: _____

Requirements:

- ☐ **R403.1.1** All thermostats are programmable
- ☐ **R403.3.1** Ducts in unconditioned spaces are insulated
 - ≥ 3" diameter insulated to ≥ R-8 in attics and ≥ R-6 elsewhere
 - < 3" diameter insulated to ≥ R-6 in attics and ≥ R-4.2 elsewhere
- ☐ **R403.3.2.1** Air handler has manufacturer's designation of ≤ 2% air leakage when tested per ASHRAE 193
- ☐ **R403.3.3** Completed *Duct and Envelope Testing Form* will be submitted to the inspector
- ☐ **R403.4** HVAC pipe insulation is R-3 minimum (e.g. hydronic systems, refrigerant lines) and outdoor insulation is protected
- ☐ **R403.7** Manual J report, including heating and cooling design loads, is attached
- ☐ **R403.7** Heating and cooling equipment have been selected in accordance with Manual S, based on loads calculated in accordance with Manual J (see below)

Complete the following based on the attached Manual J report:

Design loads:

Design cooling load _____ (Btu/h)

Design heating load: _____ (Btu/h)

Equipment specifications:

Cooling system output capacity _____ (Btu/h)

Cooling equipment make: _____

Cooling equipment model: _____

Heating system output capacity: _____ (Btu/h)

Heating equipment make: _____

Heating equipment model: _____

- ☐ **Manual S.** Specified *cooling* equipment capacity is ≤ 1.15 times the design load or the next larger nominal size, whichever is greater. (Exception: Heat pumps may exceed the design load by 1.25 times or the next nominal size.)
- ☐ **Manual S.** Specified *heating* equipment capacity is ≤ 1.40 times the design load or the next larger nominal size, whichever is greater

- ☐ **RCNYS R303.4** Whole-house mechanical ventilation worksheet has been completed (see reverse)

TOWN OF OSSINING
BUILDING DEPARTMENT

RESIDENTIAL HVAC DESIGN FORM
WHOLE-HOUSE MECHANICAL VENTILATION DESIGN WORKSHEET

House Address: _____ Permit #: _____ Date: _____

Permit holder: _____ Phone: _____

1. Fill in the conditioned floor area and number of bedrooms for the dwelling:

Conditioned Floor Area = _____ ft²

Number of bedrooms = _____

2. Circle the required airflow value on the table below:

RCNYS Table M1505.4.3(1)

Continuous Whole-House Mechanical Ventilation System Airflow Rate Requirements

Dwelling Unit Floor Area (square feet)	Number of Bedrooms				
	0-1	2-3	4-5	6-7	>7
	Airflow in CFM				
< 1,500	30	45	60	75	90
1,501 – 3,000	45	60	75	90	105
3,001 – 4,500	60	75	90	105	120
4,501 – 6,000	75	90	105	120	135
6,001 – 7,500	90	105	120	135	150
> 7,500	105	120	135	150	165

3. Does the fan operate continuously or intermittently? ☐ Continuous ☐ Intermittent

4. If the fan is to be operated intermittently *on a pre-set schedule*, multiply the airflow value from Table M1505.4.3 (above) by the appropriate value in Table M1505.4.3(2) (below).

RCNYS Table M1505.4.3(2)

Intermittent Whole-House Mechanical Ventilation Rate Factors

Run-time Percentage in Each 4-hour Segment	25%	33%	50%	66%	75%
Factor	4.0	3.0	2.0	1.5	1.3

5. Enter the required airflow = _____ CFM

6. R403.6.1. Fan efficacy. Enter the following information regarding the specified fan:

Rated fan airflow = _____ CFM

Fan make: _____

HVI-rated fan efficacy = _____ CFM/Watt

CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA (Effective 5/12/2020)

Location:										Zip Code:			
Ground Snow Load	Wind Design				Seismic Design Category (RCNY Only)	Subject to Damage From			Winter Design Temp	Ice Barrier Underlayment Req'd	Flood Hazards	Air Freezing Index	Mean Annual Temp
	Speed (mph)	Topo Effects	Special Wind Region	Wind-borne Debris Zone		Weathering	Frost Line Depth	Termite					
	*Special Wind Region	No	Yes	No	C	Severe	42"	Moderate to Heavy	7	YES	**	1500 or less	51.6
30													

MANUAL J DESIGN CRITERIA							
Elevation	Latitude	Winter heating	Summer cooling	Altitude correction factor	Indoor design temperature	Design temperature cooling	Heating temperature difference
436	41	7	87	1	68	75	61
Cooling temperature difference	Wind velocity heating	Wind velocity cooling	Coincident wet bulb	Daily range	Winter humidity	Summer humidity	
	12	20.4	7.5			72	

* 115 MPH to 120 MPH, The special wind region should serve as a warning to design professionals in evaluating wind loading conditions. Wind speeds higher than the derived values taken from Chapter 16 of the Building Code and Chapter 3 of the Residential Code are likely to occur and should be considered in the design.

** State if applicable. For Flood Hazards the Design Professional shall state if they are applicable, Y/N. Verify with FIRM Maps. Maps are available in the Engineering Department for review. If yes additional information is required.