Inc. Village of New Hyde Park

PUBLIC UTILITY/STREET OPENING PERMIT APPLICATION

APPLIES TO: UTILITY, GOVERNMENT, RESIDENTIAL, BUSINESS AND INDUSTRIAL PROPERTIES

STANDARD FEE: STREET OPENING \$325.00 SEWER, WATER, GAS (4' X 4'OPENING OR LESS)

OVERSIZED (GREATER THAN 4'X4') & TRENCHING

SEE BUILDING DEPT. FOR FEES

DATE:			
PROPERTY INFORMATON:	SECTION:	BLOCK:	LOTS:
OWNER'S LAST NAME:	FIRST NAME:		
ADDRESS:			
HOME PHONE:	BUSINESS PHONE:		
CELL PHONE:	E-MAIL:		
APPLICANT NAME:			
ADDRESS:			
CONTACT PERSON:	BUSINESS PHONE:		
DESCRIPTION OF WORK:			
	END DATE:		
ADDRESS LOCATION OF PERMIT ACTIVITY:			
<u> </u>			
PROPERTY INFORMATION:			
WILL ANY TREES BE CUT DOWN: YES:	NO:	IF YES-TREE	PERMIT #:
SQ.FT. OF WORK AREA ON PUBLIC PROPERTY:			
ARCHITECT/ENGINEER:			
NAME:		LIC#:	
BUSINESS NAME:		BUSINESS PHON	IE:
CELL PHONE:			
ADDRESS:			
CONTRACTOR:			
NAME:		LIC#:	
BUSINESS NAME:			
CELL PHONE:			
ADDRESS:			
ELECTRICIAN:			
NAME:		LIC#:	
BUSINESS NAME:			
CELL PHONE:			
ADDRESS:			
PLUMBER:			
NAME:		LIC#:	
BUSINESS NAME:			IE:
CELL PHONE:	E-MAIL:		
ADDRESS:			
OFFICE USE ONLY			
	ition Rec'd By: : #:	Fee Paid: Date Issued:	Issued By:
Date building Dept./ Board Approved Permit	. π.	Pale Issueu.	issucu by.

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BUILDING DEPARTMENT AUTHORIZATION

I hereby certify that:

- 1. I agree to permit the Building Inspector to enter upon the work area in their duties with this application.
- 2. Approved plans and a copy of approved permit will remain on the job location at all times. These plans will be made available to the Building Inspector.
- 3. All street repairs are to be made to New York State Department of Transportation Standards and Specifications.
- 4. Applicant or his representative will be responsible to arrange for all required inspections.

State of New York County of Nassau					
Company Representative (Pleas deposes and says that he/she is to act as agent for said compan	authorized by (company name)				
		, that the work to be done upon the premises ccompany plans, of which I am totally familiar.			
Signature of Applicant					
Sworn to me thisd	ay of	20			
Signature of Notary Public					
	DO NOT WRITE BELOW-FOR OF	FICE USE ONLY			
Application Fee:	Application #:	Date Rec'd:			
Site Plan Review:					
Special Conditions Checked:					
Work Commenced On:	Final Inspection	n Date:			
Date Signed Off:	Inspector Sign Off:				
Plumbing Permit #:					