



## **Inc. Village of New Hyde Park**

1420 Jericho Turnpike • New Hyde Park, NY 11040-4684

Tel.: (516) 354-0022 • Fax: (516) 354-6004

Website: [www.vnhp.org](http://www.vnhp.org)

### **BUILDING APPLICATION INSTRUCTIONS**

1. Fee **MUST** be paid at time application is filed.
2. All FEES ARE NON-REFUNDABLE.
3. All blanks on the application are to be filled in. if an item is "not applicable" note as N/A. **PLEASE PRINT**
4. All applications are subject to Building Department and/or Village Board approval.  
Certain applications are issued at the discretion of the Village Clerk pending Board approval.
5. No license or permit will be issued if the applicant, business, or a principle of the corporation submitting the application has any outstanding unpaid violations due the Village.
6. The permit issued by the Village Clerk must be prominently displayed and readily available for review by any Village designated authority.
7. All permits issued are valid for one (1) year from date of issue and must be renewed if work is not completed, in a timely fashion, to avoid late filing fees.
8. Nassau County Board of Assessors Building Permit must be completed.
9. BUILDING PERMITS WILL BE ISSUED AS SOON AS POSSIBLE AFTER SUBMISSION OF ALL REQUIRED DOCUMENTS. YOU WILL BE NOTIFIED WHEN YOUR APPLICATION IS APPROVED OR DENIED. IF APPROVED, WHEN YOU MAY PICK UP YOUR PERMIT.
10. ALL CURRENT EDITION OF THE NEW YORK STATE BUILDING AND FIRE CODES MUST BE MET.

**THE FOLLOWING INFORMATION IS REQUIRED TO BE SUBMITTED WITH ALL APPLICATIONS. ANY MISSING INFORMATION WILL DELAY THE APPLICATION PROCESS.**

#### **New Building Requirements**

1. (2) Two sets of plans prepared by NYS licensed architect or a professional engineer. Plans must include a plot plan drawn to scale.
2. (2) Two copies of the property survey. If owner does not have copy, can be obtained by filling out a FOIL form at Village Hall. If Village Hall does not have one, owner must hire a licensed surveyor to provide new one. All Survey's must be in scale.
3. (3) Three copies of Building Permit Application
4. (3) Three copies Plumbing Permit Application
5. (2) Two copies of ARB Application and all requirements for ARB Hearing.
6. Copy of the deed to the property for the new construction.
7. (3) Two copies of Nassau County Assessors Building Permit
8. All alterations done to existing buildings must meet current energy code compliance as per NYS Energy Code.
9. **Incomplete applications will not be accepted.**

### **Building Alterations Requirements**

1. (2) Two sets of plans prepared by NYS licensed architect or a professional engineer. Plans must include a plot plan drawn to scale. If plans are not drawn by an architect or a professional engineer they must be drawn to scale and must comply with minimum standards set forth in the New York State Building Uniform Fire Prevention and Building Code. Drawings not by an architect or a professional engineer are subject to rejection at the discretion of the Building Department.
2. (2) Two copies of the property survey. If owner does not have copy, can be obtained by filling out a FOIL form at Village Hall. If Village Hall does not have one, owner must hire a licensed surveyor to provide new one. All Survey's must be in scale.
3. (3) Three copies of Building Permit Application
4. (3) Three copies Plumbing Permit Application (if applicable).
5. All alterations done to existing buildings must meet current energy code compliance as per NYS Energy Code. Compliance may be submitted via RESCheck or COMCheck software or other means allowed by code.
6. An electrical certificate will be required at time of submission. See Electrical Inspector's List.
7. (3) Two copies of Nassau County Assessors Building Permit
8. Building Applications that are being filed as **maintain/legalize** shall also submit certification letter from the design professional attesting that structure or portion thereof, is code compliant and must be submitted as part of initial application submission. All maintain applications shall also submit the electrical underwriter's certificate as applicable to application as part of the initial filing.
9. **Incomplete applications will not be accepted.**

### **Driveway Alteration Requirements:**

1. (2) Two copies of the property survey. If owner does not have copy, can be obtained by filling out a FOIL form at Village Hall, and a copy will be provided. If Village Hall does not have one, consult with the building department. All Survey's must be in scale.
2. (3) Three copies of Building Permit Application.
3. (3) Two copies of Nassau County Assessors Building Permit
4. Specification of driveway:
  - a. All concrete to be poured utilizing forms.
  - b. All driveways to be minimum of 4" thick and 3,500 psi.
  - c. All driveways shall have W2.9xW2.9-6x6 welded wire mesh.
  - d. Expansion joints to be at 10'-0" intervals
  - e. Contractor shall provide concrete purchase tickets at time of inspection to verify concrete psi.
  - f. Sketch detail of driveway pavement (ie pavers, concrete, stone, and asphalt). In the case of pavers, manufacturer's specification must be included along with sketch.
5. **Incomplete applications will not be accepted.**

### **Sidewalk/Apron Alteration Requirements:**

1. (2) Two copies of the property survey. If owner does not have copy, can be obtained by filling out a FOIL form at Village Hall, and a copy will be provided. If Village Hall does not have one, consult with the building department. All Survey's must be in scale.
2. (3) Three copies of Building Permit Application.
3. (3) Two copies of Nassau County Assessors Building Permit
4. Specification of sidewalk/apron:
  - g. All concrete to be poured utilizing forms.
  - h. All sidewalks to be minimum of 4" thick and 4,000 psi.
  - i. Portion of sidewalk between the apron and driveway to be 6" thick.
  - j. All sidewalks/driveway aprons shall have W2.9xW2.9-6x6 welded wire mesh.
  - k. Expansion joints to be every 12'-0" on sidewalk
  - l. Contractor shall provide concrete purchase tickets at time of inspection to verify concrete psi.

5. Sketch detail of sidewalk/apron.
6. A Sidewalk Certification Form must also be submitted with application.
7. **Incomplete applications will not be accepted.**

#### **Roof Alteration Requirements:**

1. (3) Three copies of Building Permit Application.
2. If contractor will be carting debris away utilizing a dumpster(s), a Dumpster Permit Application must be submitted along with Building Permit Application.
3. If contractor has elected to remove debris utilizing his own truck and NOT a dumpster no other subsequent application is required.
4. (3) Two copies of Nassau County Assessors Building Permit
5. Under the description of work, applicant must state complete description of work (ie stripping roof to deck, or installing a 2<sup>nd</sup> layer etc. A description of the roofing material utilized (ie asphalt shingles, clay tile, etc.)
6. **Incomplete applications will not be accepted.**

#### **Pool Installation Requirements:**

1. (2) Two copies of the property survey. If owner does not have copy, can be obtained by filling out a FOIL form at Village Hall. If Village Hall does not have one, owner must hire a licensed surveyor to provide new one. Survey must indicate location of pool and appropriate offsets (distances) to property lines. All Surveys must be in scale.
2. (3) Three copies of Building Permit Application.
3. (3) Three copies of Fence Permit Application. (All gates must be self-closing and self-latching)
4. (3) Two copies of Nassau County Assessors Building Permit
5. (2) Two copies of the manufacturers specifications of the following:
  - a. Pool Installation
  - b. Pool Ladder
  - c. Pool alarm
  - d. Any alarms being installed on existing dwelling/fence for safety enclosure requirements.
6. **Incomplete applications will not be accepted.**

#### **Elevator Installation Requirements:**

1. (2) Two copies of the property survey. If owner does not have copy, can be obtained by filling out a FOIL form at Village Hall. If Village Hall does not have one, owner must hire a licensed surveyor to provide new one. Survey must indicate location of elevator and appropriate offsets (distances) to property lines. If elevator is internal, then survey shall indicate approximate location. All Surveys must be in scale.
2. (3) Three copies of Building Permit Application.
3. (3) Two copies of Nassau County Assessors Building Permit
4. (2) Two copies of the manufacturers specifications of the following:
  - a. Elevator (ie cab style, finishes, lighting requirements, construction details (provided by NYS Licensed architect/engineer).
5. A certification letter at close-out of project shall be required to issue Certificate of Completion and must indicate the NYS Licensed elevator credentials and states how elevator is in compliance with all applicable NYS codes.
6. **Incomplete applications will not be accepted.**



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Office Use Only

PERMIT(S) No.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **BUILDING PERMIT APPLICATION**

THIS INFORMATION IS FOR BUILDING PERMITS ONLY. A SEPARATE PLUMBING PERMIT APPLICATION MUST ALSO BE SUBMITTED FOR ALL PLUMBING WORK

<b><u>TYPE OF WORK:</u></b> (CHECK ALL THAT APPLY)	<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ROOF	<input type="checkbox"/> DRIVEWAY/WALKWAY
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> ALTERATION (S)	<input type="checkbox"/> DUMPSTER	<input type="checkbox"/> SIDEWALK/APRON
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> ACCESSORY STRUCTURE (DECK, SHED, GARAGE)	<input type="checkbox"/> NO DUMPSTER	
<input type="checkbox"/> INDUSTRIAL		<input type="checkbox"/> POOL	
		<input type="checkbox"/> OTHER _____	

<b><u>MAINTAIN:</u></b> (IF YES, FEE IS 2X NORMAL PERMIT FEE)
<input type="checkbox"/> YES
<input type="checkbox"/> NO

<b><u>PROPERTY INFORMATION:</u></b>	SECTION: _____ BLOCK: _____ LOT: _____
	ADDRESS: _____ NEW HYDE PARK, N.Y. 11040

<b><u>OWNER INFORMATION:</u></b>	FIRST NAME: _____ LAST NAME: _____
	ADDRESS: _____
	PHONE NO.: _____ CELL PHONE NO.: _____
	EMAIL: _____

<b><u>APPLICANT INFORMATION:</u></b>	FIRST NAME: _____ LAST NAME: _____
	ADDRESS: _____
	PHONE NO.: _____ CELL PHONE NO.: _____
	EMAIL: _____

<b><u>ZONING INFORMATION:</u></b>	(INDICATE N/A FOR ITEMS THAT ARE NOT PERTINENT TO APPLICATION)		
PRESENT USE: _____	PROPOSED USE: _____	LOT AREA: _____	SQ. FT.
PROPOSED LOT COVERAGE (%): _____	SQ. FT.	PROPOSED TOTAL FLOOR AREA: _____	SQ. FT.
	PROPOSED F.A.R.: _____		
AVG. FRONT YARD SETBACK: _____	(CALCULATED BY BUILDING DEPART)		
FRONT YARD SETBACK:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
SIDE 1 YARD SETBACK:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
SIDE 2 YARD SETBACK:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
AGGREGATE SIDEYARD:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
REAR YARD SETBACK:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
BUILDING HEIGHT:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
<b><u>DESCRIPTION OF WORK:</u></b>	_____ _____ _____ _____		



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### OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. The information provided on this permit application is true and correct. I understand that the Village of New Hyde Park will approve or deny a permit based on the information provided.
2. I agree to permit the Building Inspector and any officer or employee of the Village of New Hyde Park to enter upon the premises in the discharge of their duties with this application.
3. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
4. Building Inspector will be given a minimum of 48 hour notice to make the required inspection and no work will continue until such inspection has been completed and approved.
5. Owner or his representative will be responsible to arrange for all required inspections.

State of New York  
County of Nassau

Property Owner-Please Print

\_\_\_\_\_  
Property Owner deposes and says that he/she resides at \_\_\_\_\_

\_\_\_\_\_  
in the State of \_\_\_\_\_, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ situated, lying and being within the Village of New Hyde Park; that I/we have read and understand the items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names the applicant listed on application as his or her representative to file this application.

Signature of Owner: \_\_\_\_\_

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

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



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<b><u>MAINTAIN:</u></b> (IF YES, FEE IS 2X NORMAL PERMIT FEE)
<input type="checkbox"/> YES
<input type="checkbox"/> NO

<b><u>PROPERTY INFORMATION:</u></b>	SECTION: _____ BLOCK: _____ LOT: _____
	ADDRESS: _____ NEW HYDE PARK, N.Y. 11040

<b><u>OWNER INFORMATION:</u></b>	FIRST NAME: _____ LAST NAME: _____
	ADDRESS: _____
	PHONE NO.: _____ CELL PHONE NO.: _____
	EMAIL: _____

<b><u>APPLICANT INFORMATION:</u></b>	FIRST NAME: _____ LAST NAME: _____
	ADDRESS: _____
	PHONE NO.: _____ CELL PHONE NO.: _____
	EMAIL: _____

<b><u>ZONING INFORMATION:</u></b>	(INDICATE N/A FOR ITEMS THAT ARE NOT PERTINENT TO APPLICATION)		
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REAR YARD SETBACK:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
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State of New York  
County of Nassau

Property Owner-Please Print

\_\_\_\_\_  
Property Owner deposes and says that he/she resides at \_\_\_\_\_

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in the State of \_\_\_\_\_, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ situated, lying and being within the Village of New Hyde Park; that I/we have read and understand the items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names the applicant listed on application as his or her representative to file this application.

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



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<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> POOL	<input type="checkbox"/> OTHER _____	

<b><u>MAINTAIN:</u></b> (IF YES, FEE IS 2X NORMAL PERMIT FEE)
<input type="checkbox"/> YES
<input type="checkbox"/> NO

<b><u>PROPERTY INFORMATION:</u></b>	SECTION: _____ BLOCK: _____ LOT: _____
	ADDRESS: _____ NEW HYDE PARK, N.Y. 11040

<b><u>OWNER INFORMATION:</u></b>	FIRST NAME: _____ LAST NAME: _____
	ADDRESS: _____
	PHONE NO.: _____ CELL PHONE NO.: _____
	EMAIL: _____

<b><u>APPLICANT INFORMATION:</u></b>	FIRST NAME: _____ LAST NAME: _____
	ADDRESS: _____
	PHONE NO.: _____ CELL PHONE NO.: _____
	EMAIL: _____

<b><u>ZONING INFORMATION:</u></b>	(INDICATE N/A FOR ITEMS THAT ARE NOT PERTINENT TO APPLICATION)		
PRESENT USE: _____	PROPOSED USE: _____	LOT AREA: _____	SQ. FT.
PROPOSED LOT COVERAGE (%): _____	SQ. FT.	PROPOSED TOTAL FLOOR AREA: _____	SQ. FT.
	PROPOSED F.A.R.: _____		
AVG. FRONT YARD SETBACK: _____	(CALCULATED BY BUILDING DEPART)		
FRONT YARD SETBACK:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
SIDE 1 YARD SETBACK:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
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AGGREGATE SIDEYARD:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
REAR YARD SETBACK:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
BUILDING HEIGHT:	REQUIRED: _____	EXISTING: _____	PROPOSED: _____
<b><u>DESCRIPTION OF WORK:</u></b>	_____ _____ _____ _____		





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### **DESIGN PROFESSIONAL & CONTRACTOR INFORMATION**

#### **DESIGN PROFESSIONAL:**

COMPANY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NYS LICENSE NO. \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### **CONTRACTOR:**

COMPANY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

N.C. LICENSE NO. \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### **ELECTRICIAN:**

COMPANY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### **PLUMBER/HVAC:**


COMPANY NAME: \_\_\_\_\_


FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_


ADDRESS: \_\_\_\_\_

VNHP LICENSE NO. \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<div><div><b>BUILDING PERMIT</b> <b>RESIDENTIAL PROPERTY</b> <b>DEPARTMENT OF ASSESSMENT</b> <b>NASSAU COUNTY</b> 240 Old Country Road, Mineola, NY 11501 TOWN - CITY - VILLAGE OF: _____</div></div>					NBHD# (ASSESSOR USE ONLY)	
					DATE REC'D (ASSESSOR USE ONLY)	
SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION	
Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)			N.E.S.W. SIDE OF		
ADDRESS OF PROPERTY				Check one	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:					ADDRESS	
					CITY, STATE, ZIP	
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION			PHONE	
PERMIT EXP DATE		<input type="checkbox"/> STEEL			EMAIL	
LOT SIZE S.F.		<input type="checkbox"/> MASONRY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
# BLDGS ON LOT		<input type="checkbox"/> FRAME				
DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)						
*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT						
PERMIT TYPE - CHECK ALL ITEMS THAT APPLY					DOES RESIDENCE HAVE THE FOLLOWING	
<div><div><input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____</div><div><input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE</div></div>					CENTRAL AIR    YES <input type="checkbox"/> NO <input type="checkbox"/>	
					FINISHED ATTIC    YES <input type="checkbox"/> NO <input type="checkbox"/>	
					BASEMENT FINISH	
					1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	
PROPOSED TOTAL PLUMBING FIXTURES						
FLOOR/FIXTURE	BASEMENT		1ST FLOOR		2ND FLOOR	
BATHROOM SINK						
TOILET						
BATHTUB						
STALL SHOWER						
BIDET						
KITCHEN SINK						
WET BAR						
NUMBER OF EXISTING AND PROPOSED BATHS						
NUMBER OF EXISTING FULL BATHS				NUMBER OF PROPOSED FULL BATHS		
NUMBER OF EXISTING HALF BATHS				NUMBER OF PROPOSED HALF BATHS		
HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES						
NEW C/O NEEDED			YES <input type="checkbox"/> NO <input type="checkbox"/>			
VARIANCE OBTAINED			YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONSTRUCTION/RENOVATION IN EXCESS OF 50%			YES <input type="checkbox"/> NO <input type="checkbox"/>			
SURVEY ENCLOSED			YES <input type="checkbox"/> NO <input type="checkbox"/>			
PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE						
DATE OF GRANTING OF PERMIT _____				Signature of Applicant/Contact Person - Sign & Print		
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING				Address of Applicant/Contact Person		
FIELD REPORT ON REVERSE				Telephone		

<div><div><b>BUILDING PERMIT</b> <b>RESIDENTIAL PROPERTY</b> <b>DEPARTMENT OF ASSESSMENT</b> <b>NASSAU COUNTY</b> 240 Old Country Road, Mineola, NY 11501 TOWN - CITY - VILLAGE OF: _____</div></div>					NBHD# (ASSESSOR USE ONLY)	
					DATE REC'D (ASSESSOR USE ONLY)	
SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION	
Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)			N.E.S.W. SIDE OF		
ADDRESS OF PROPERTY				Check one	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:					ADDRESS	
					CITY, STATE, ZIP	
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION			PHONE	
PERMIT EXP DATE		<input type="checkbox"/> STEEL			EMAIL	
LOT SIZE S.F.		<input type="checkbox"/> MASONRY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
# BLDGS ON LOT		<input type="checkbox"/> FRAME				
DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)						
*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT						
PERMIT TYPE - CHECK ALL ITEMS THAT APPLY					DOES RESIDENCE HAVE THE FOLLOWING	
<div><div><input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____</div><div><input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE</div></div>					CENTRAL AIR    YES <input type="checkbox"/> NO <input type="checkbox"/>	
					FINISHED ATTIC    YES <input type="checkbox"/> NO <input type="checkbox"/>	
					BASEMENT FINISH	
					1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	
PROPOSED TOTAL PLUMBING FIXTURES						
FLOOR/FIXTURE	BASEMENT		1ST FLOOR		2ND FLOOR	
BATHROOM SINK						
TOILET						
BATHTUB						
STALL SHOWER						
BIDET						
KITCHEN SINK						
WET BAR						
NUMBER OF EXISTING AND PROPOSED BATHS						
NUMBER OF EXISTING FULL BATHS				NUMBER OF PROPOSED FULL BATHS		
NUMBER OF EXISTING HALF BATHS				NUMBER OF PROPOSED HALF BATHS		
HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES						
NEW C/O NEEDED			YES <input type="checkbox"/> NO <input type="checkbox"/>			
VARIANCE OBTAINED			YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONSTRUCTION/RENOVATION IN EXCESS OF 50%			YES <input type="checkbox"/> NO <input type="checkbox"/>			
SURVEY ENCLOSED			YES <input type="checkbox"/> NO <input type="checkbox"/>			
PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE						
DATE OF GRANTING OF PERMIT _____				Signature of Applicant/Contact Person - Sign & Print		
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING				Address of Applicant/Contact Person		
FIELD REPORT ON REVERSE				Telephone		

<div><div><b>BUILDING PERMIT</b> <b>RESIDENTIAL PROPERTY</b> <b>DEPARTMENT OF ASSESSMENT</b> <b>NASSAU COUNTY</b> 240 Old Country Road, Mineola, NY 11501 TOWN - CITY - VILLAGE OF: _____</div></div>					NBHD# (ASSESSOR USE ONLY)	
					DATE REC'D (ASSESSOR USE ONLY)	
SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION	
Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)			N.E.S.W. SIDE OF		
ADDRESS OF PROPERTY				Check one	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:					ADDRESS	
					CITY, STATE, ZIP	
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION			PHONE	
PERMIT EXP DATE		<input type="checkbox"/> STEEL			EMAIL	
LOT SIZE S.F.		<input type="checkbox"/> MASONRY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
# BLDGS ON LOT		<input type="checkbox"/> FRAME				
DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)						
*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT						
PERMIT TYPE - CHECK ALL ITEMS THAT APPLY					DOES RESIDENCE HAVE THE FOLLOWING	
<div><div><input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____</div><div><input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE</div></div>					CENTRAL AIR    YES <input type="checkbox"/> NO <input type="checkbox"/>	
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CONSTRUCTION/RENOVATION IN EXCESS OF 50%			YES <input type="checkbox"/> NO <input type="checkbox"/>			
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PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE						
DATE OF GRANTING OF PERMIT _____				Signature of Applicant/Contact Person - Sign & Print		
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING				Address of Applicant/Contact Person		
FIELD REPORT ON REVERSE				Telephone		



## **Inc. Village of New Hyde Park**

1420 Jericho Turnpike • New Hyde Park, NY 11040-4684

Tel.: (516) 354-0022 • Fax: (516) 354-6004

Website: [www.vnhp.org](http://www.vnhp.org)

### **ELECTRICAL INSPECTOR'S LIST**

The following is a list of all approved electrical underwriters for whom the electrician/owner shall call in order to obtain an electrical certificate:

#### **CERTIFIED ELECTRICAL INSPECTIONS**

1225 Franklin Ave., Suite 325

Garden City, NY 11530

T: 516-348-8975

T: 888-238-1338

T: 631-598-5610 (Amityville)

#### **ELECTRICAL INSPECTORS, INC. d/b/a**

New York Board of Fire Underwriters

308 East Meadow Ave.

East Meadow, NY 11554

T: 516-794-0400

#### **ALLIANCE ELECTRICAL INSPECTIONS LIMITED**

707 Hyman Avenue

West Islip, NY 11795

Phone: (516) 248-0820

#### **ELECTRICAL INSPECTION SERVICE INC.**

375 North Dunton Ave.

East Patchogue, NY 11772

T: 631-286-6642

#### **LONG ISLAND ELECTRICAL INSPECTORS, INC.**

21 Third Ave. Suite 3

Bay Shore, NY 11706

T: 631-581-8697

#### **NASSAU SUFFOLK BUREAU OF ELECTRICAL INSPECTORS**

159 Route 25A Bldg. 1 Suite B

Miller Place, NY 11764

T: 631-495-8136



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### **INSURANCE REQUIREMENTS FOR ALL APPLICATIONS**

1. If work is being performed by a contractor, the contractor must provide insurance indemnifying the Village and must provide the following: (See Insurance Requirements for Construction Operations for monetary requirements)
  - A. New York State Worker's Compensation form C-105.2 (9/15), or U-26.3  
If Exemption is applicable then utilize form CE-200 (12/08) and copy of home owner's insurance declaration page is required.
  - B. Certificate of Insurance Coverage under the NYS Disability and Paid Family Leave Benefits Law; form DB-120.1
  - C. Certificate of Liability Insurance (Accord). Please note the Accord form shall **ONLY** be accepted for Liability insurance. NO other type of insurance is acceptable on ACCORD form.
2. Under Certificate Holder for **ALL** insurances, it should state the following:

*Village of New Hyde Park  
1420 Jericho Turnpike  
New Hyde Park, NY 11040*
3. Under additional insured, should state the following:

*"The Village of New Hyde Park is listed as additional insured"*
4. If work is being performed by the homeowner a form that is provided by the Village must be completed stating the work is being performed by the homeowner copy of the certification is provided.
5. For demolition: proof of Extermination Inspection by exterminator or Nassau County Board of Health. Upon receipt of the foregoing information your requests for these permits will be reviewed and submitted to the Board of Trustees for appropriate action. Upon issuance of the permit it is the **RESPONSIBILITY OF THE PERMIT HOLDER** to request inspections. An appointment may be contacting the Village Building Department at 516-354-0022.



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### **EXPLANATION OF INSPECTIONS:** All may not apply to your permit.

1. Excavation-before footings are placed.
2. Footings-forming and pouring of concrete.
3. Foundation-forming and pouring concrete for foundation. Upon completion "CORE" test results, by testing lab, must be provided to the Building Department.
4. Fireplace-inspect flue, chimney and hearth.
5. Waterproofing-before foundation is back filled.
6. Rough framing-studding, roofing and floor beams, blocking, roof sheathing and siding.
7. Plumbing-after all rough plumbing and all fixtures are installed-  
**CALL FOR INSPECTION BY THE VILLAGE PLUMBING INSPECTOR AT 516-354-6589.**
8. Insulation-of exterior walls and roof beams.
9. Electrical-list of permitted electrical inspections will be provided by Building Department.
10. Other- any and all inspection that are required by the type of permit issued.
11. Final- completion of all work prior to issuance of Certificate of Completion or Certificate of Occupancy.

### **SCHEDULE OF INSPECTIONS-CALL FOR AN APPOINTMENT 516-354-0022**

TYPE OF INSPECTION	CALLED FOR INSPECTION	INSPECTION DATE
1. EXCAVATION		
2. FOOTING		
3. FOUNDATION		
4. FIREPLACE		
5. WATERPROOFING		
6. ROUGH FRAME		
7. PLUMBING		
8. INSULATION		
9. ELECTRICAL	A COPY OF THE COMPLETED FIRE UNDERWRITERS CERTIFICATE MUST BE SENT TO THE VILLAGE BUILDING DEPARTMENT WHEN RECEIVED.	
10.ARB (IF APPLICABLE)		
<b>FINAL INSPECTION</b>		



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### INSURANCE REQUIREMENTS FOR CONSTRUCTION OPERATIONS

#### Workers Compensation Coverage

Extensions

Notice of Cancellation

Evidence

#### Disability (DB-120)

Notice of Cancellation

Evidence

#### Comprehensive Liability

Coverage

Limits

Notice of Cancellation

Additional Insured

Evidence

#### Owners Protective

Coverage

Limits

Premium Payment

Policy Period

Notice of Cancellation

Evidence

#### Statutory

Voluntary compensation

All states, coverage employers

Employee's liability-unlimited

30 Days

Certificate of Insurance

30 Days

Certificate of Insurance

Occurrence-1988 ISO or equivalent

General Aggregate \$2,000,000.00

Products- Com/Ops/Aggregate \$1,000,000.00

Pers. & Advert. Injury \$1,000,000.00

Each Occurrence \$1,000,000.00

Fire Damage (any one fire) \$ 50,000.00

Medical Exp.(any one person) \$ 5,000.00

30 Days

Inc. Village of New Hyde Park, all elected and appointed officials, employees and volunteers using ISO Form CG2010 (B) or equivalent

Certificate of insurance and copy of additional insured endorsement

Occurrence

Minimum limit-\$1,000,000.00 CSL

Responsibility of Contractor

Start of project and until project is accepted as completed by owner

30 Days

1) Certificate of Insurance

2) Copy of Binder

3) Copy of original policy to be delivered within 45 days of start of project





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### **BUILDING DEPARTMENT FEE SCHEDULE**

BLDG - APPLICATION FEE FOR ALL BUILDING PERMITS	\$ 125.00	Non-Refundable
BLDG - COPY OF C/O FOR EXISTING STRUCTURE	\$ 100.00	Certified Copy
BLDG - COPY OF EXISTING BUILDING DEPT. CERTIFICATES	\$ 0.25	Per Page
BLDG - COPY OF SIGN LAW	\$ 5.00	Per Copy
BLDG - ELECTRIC METER	\$ 75.00	New or Additional
BLDG - INSPECTION	\$ 100.00	Used for All Open Permits
BLDG - ISSUE CERT. OF EXISTING USE - Commercial	\$ 250.00	Per Unit
BLDG - ISSUE CERT. OF EXISTING USE - Residential	\$ 250.00	Per Dwelling
BLDG - ISSUE CERT. OF SUMMARY REVIEW	\$ 100.00	Certification for all Certificates and Permits in File
BLDG - PERMIT - ACCESORY BUILDINGS - Residential	\$ 100.00	Plus \$0.75 per Square Foot. Porch, Shed, Deck, Garage, etc.
BLDG - PERMIT - ADDITION OR ALTERATION - Commercial	\$ 300.00	Plus \$1.25 Per Square Foot
BLDG - PERMIT - ADDITION OR ALTERATION - Residential	\$ 125.00	Plus \$1.00 Per Square Foot
BLDG - PERMIT - FENCE	\$ 75.00	New or Replacement
BLDG - PERMIT - FINISHED CELLAR/BASEMENT	\$ 75.00	
BLDG - PERMIT - FIREPLACE	\$ 75.00	Any Type of Fuel
BLDG & PLUMBING - PERMIT - LATE FILING FEE	\$ 2X NORMAL PERMIT FEE	Per Permit, any Permitted Work Done w/o a Permit
BLDG - PERMIT - MINIMUM FEE - Commercial	\$ 100.00	
BLDG - PERMIT - MINIMUM FEE - Residential	\$ 100.00	
BLDG - PERMIT - NEW CONSTRUCTION - Commercial	\$ 300.00	Plus \$1.25 Per Square Foot
BLDG - PERMIT - NEW CONSTRUCTION - Residential	\$ 150.00	Plus \$1.25 Per Square Foot
BLDG - PERMIT - RENEWAL (12 Mo. MAX)	75%	First 6 mo. Renewal - 75% of Original Fee
	50%	Each Addtl. 3 Mo. Renewal - 50% of Original Fee
BLDG - RE-INSPECTION	\$ 75.00	After 2nd Failed Inspection
BLDG - RENTAL REGISTRATION - 2 YR.	\$ 150.00	Per Unit (up to 4), \$50 Each Addtl. Unit
BLDG - REVIEW SITE PLAN / SEQRA	\$ 150.00	Per 4,000 Square Foot of Lot Area or Part Thereof
BLDG - REVIEW SUBDIVISION APPLICATION	\$ 200.00	Per 4,000 Square Foot of Lot Area or Part Thereof
BLDG - SIGNS	\$ 100.00	Per Sign.
BLDG - SPECIAL USE	\$ 300.00	Public Hearing Before the Village Board