



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

SIGN PERMIT APPLICATION INSTRUCTIONS

- ☐ 1. A drawing showing the lettering, color and pictorial matter of the sign, a description of the construction details of the sign structure, a location plan showing the position of the sign on the building or premises.
- ☐ 2. A photograph of the subject building upon which the proposed sign is to be installed.
- ☐ 3. Photographs of adjacent buildings with existing signage.
- ☐ 4. A certified English translation of the sign's content, if applicable.
- ☐ 5. Such other information as the Building Inspector may reasonable require to demonstrate compliance with provisions of this Chapter.



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Office Use Only

PERMIT(S) No.: _____

SIGN PERMIT APPLICATION

(TO BE SUBMITTED IN TRIPLICATE)

<u>TYPE OF WORK:</u> (CHECK ALL THAT APPLY)		<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> RESIDENTIAL
		STREET FRONTAGE WIDTH _____		
		SIZE OF PROPOSED SIGN _____		
		NO. OF GOOSENECK LIGHTING (IF APPLICABLE) _____		
<u>MAINTAIN:</u> (IF YES, FEE IS 2X NORMAL PERMIT FEE)				

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

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

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

<u>CONTRACTOR:</u>	COMPANY NAME: _____	
	FIRST NAME: _____	LAST NAME: _____
	ADDRESS: _____	
	N.C. LICENSE NO. _____	PHONE NO.: _____
	CELL PHONE NO.: _____	EMAIL: _____

<u>ELECTRICIAN:</u>	COMPANY NAME: _____	
	FIRST NAME: _____	LAST NAME: _____
	ADDRESS: _____	
	LICENSE NO. _____	PHONE NO.: _____
	CELL PHONE NO.: _____	EMAIL: _____



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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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SIGN INSTALLATION AFFIDAVIT

STATE OF NEW YORK

COUNTY OF NASSAU

SUBJECT PROPERTY: _____

SUBJECT PROPERTY ADDRESS: _____

SECTION: _____ **BLOCK:** _____ **LOT(S):** _____

SIGN CONTRACTOR COMPANY NAME: _____

COMPANY ADDRESS: _____

SIGN INSTALLER NAME: _____

By signing this affidavit, the installer states that the proposed sign will be constructed and installed in accordance with the Zoning Ordinance of the Inc. Village of New Hyde Park as well as all other applicable codes, ordinances, rules and regulations of the Inc. Village of New Hyde Park, County of Nassau and State of New York.

Further, the signee states that he/she/they will relieve the Inc. Village of New Hyde Park or any of its employees from any liability whatsoever in connection with construction that is not accessible to visual inspection.

Lastly, the signee willingly makes this affidavit knowing that the Inc. Village of New Hyde Park will rely upon the statements made herein when issuing the final permit and certificates.

(INSTALLER'S SIGNATURE) _____

Sworn to before me this _____ day of _____, 20____

Notary Public Signature



BUILDING PERMIT
COMMERCIAL OR MIXED USE PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: _____

DATE REC'D (Assessor Use Only)

Township

School District

Section

Block

Lot(s)

Date

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		CONTACT PERSON

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
DATE TO COMPLETE	<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 more information.
BLDGs ON LOT	<input type="checkbox"/> OTHER	

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

CHECK ALL THAT APPLY			USE BY SIZE AND FLOOR				
<input type="checkbox"/> NEW BUILDING	SIZE	QUANTITY	BSMT	EXISTING S.F. AREA		PROPOSED S.F. AREA	
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)				Use	Size SF	Use	Size SF
<input type="checkbox"/> DEMOLITION							
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)							
<input type="checkbox"/> OTHER (Describe) _____							
<input type="checkbox"/> FAÇADE							
<input type="checkbox"/> BASEMENT RENOVATION/ALTERATION							
<input type="checkbox"/> HVAC							
<input type="checkbox"/> ROOF							
<input type="checkbox"/> PLUMBING							
<input type="checkbox"/> ELEVATORS			1ST				
<input type="checkbox"/> SPRINKLERS			1ST addnl use				
<input type="checkbox"/> SOLAR			2ND				
<input type="checkbox"/> ANTENNA			UPPER FLOORS				
<input type="checkbox"/> BILLBOARD			TOTAL # FLOORS				
<input type="checkbox"/> SATELLITE DISH			List additional use in comments section				
			Residential Use				
			CO-OP	<input type="checkbox"/>			
			CONDO	<input type="checkbox"/>			
			RENTAL	<input type="checkbox"/>			
			Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet	
			Studio				
			1BDRM				
			2BDRM				
			3BDRM				
			4 BDRM				
			OTHER				
			Describe				

COMMENTS

Approved By _____
Date of Granting of Permit _____
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person _____

FIELD REPORT ON REVERSE

Please Print Name _____ Tele # _____

FONT STYLE

Please Check One:

☐

AMERICANA

☐

AMERIGO

☐

BAKER SIGNET

☐

FRIEZE RM

☐

GOUDY OLD STYLE
BOLD

☐

LYDIAN

☐

ZAP CHAN DM

FONT COLOR

☐

WHITE 101-L

☐

GOLD 191-L

SIGN MATERIAL

Please Check One:

☐

WOOD

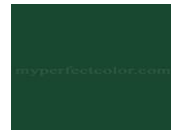
☐

URETHANE

SIGN COLOR

☐

DARK BLUE 158-L

☐

DARK GREEN 148-L

☐

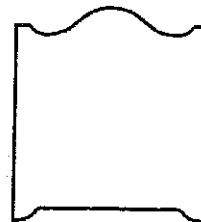
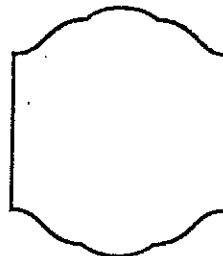
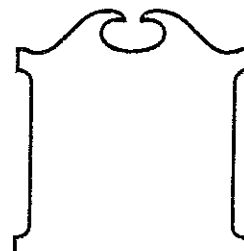
LIGHT BLUE 152-L

☐

MAROON 108-L

SIGN SHAPE SELECTION

Please Check One

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

LAWS OF NEW YORK, 1998
CHAPTER 439

The **general municipal law** is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
 - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
 - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.



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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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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