

OFFICE OF THE BUILDING INSPECTOR
VILLAGE OF OLD BROOKVILLE, NASSAU COUNTY, NEW YORK
TEL: (516) 671-4664 FAX: (516) 671-4725

Examined _____ 20 ____

Approved _____ 20 ____

Disapproved a/c _____

A.R.B. _____

Building Inspector

Application for Building Permit

Date _____, 20 ____

INSTRUCTIONS

- a. This application must be completely filled in by typewriter or ink and submitted in duplicate to the Building Inspector.
- b. A survey of the property and a plot plan showing location of existing and proposed buildings on premises, relationship to adjoining premises or public streets or areas must be submitted in duplicate.
- c. This application must be accompanied by two complete sets of plans showing proposed construction. Plans shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. When work exceeds \$10,000 in cost or work involves structural alterations, plans must be filed by a Registered Architect or a Professional Engineer. At the completion of the work Architect or Engineer will certify to the Building Inspector that the work was completed in accordance with the approved plans.
- d. The work covered by this application shall not be commenced before the issuance of a Building Permit.
- e. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant for inspection throughout the progress of the work.
- f. No building shall be occupied or used in whole or in part for any purpose whatever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Inspector.

Property Address: _____

Map: _____ Section: _____ Block: _____ Lot: _____

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the applicable Building Code and Zoning Ordinance for the construction of buildings, additions or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Name of Applicant (Please Print)

Signature of Applicant

Phone Number

Address of Applicant

State whether applicant is owner, lessee, agent, architect, engineer or builder: _____

Name and Address of owner of premises: _____

If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer.

Name and Title of Corporate Officer

1. Description of proposed construction: _____

2. Nature of work (check all applicable):
 New Building _____ Addition _____ Alteration _____ Repair _____ Removal _____ Demolition _____
3. Estimated Cost* _____ Fee _____
(to be paid on filing this application)
4. Zoning district in which premises are situated _____
5. Does proposed construction violate any zoning law, ordinance or regulation? _____
6. Name of Compensation Insurance Carrier _____
 Number of Policy _____ Date of Expiration _____
 (Certificate of Insurance to be included)
7. Name of Architect or Engineer _____
 Address _____ Phone No. _____
 Name of Contractor _____
 Address _____ Phone No. _____
8. Electrical work must be inspected by and a certificate of Approval obtained from an agency approved by the Board of Trustees.

Costs for the work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

_____ being duly sworn, deposes and says that
 (Name of Individual Signing Application)

He is the applicant above named. He is the _____
 (Contractor, agent, architect etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true and to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

 Signature of Applicant

Sworn to me before

this _____ day of _____, 20 _____

Notary Public _____ County



**BOARD OF ASSESSORS
COUNTY OF NASSAU**

240 OLD COUNTRY ROAD
MINEOLA, N.Y. 11501

Date Rec'd.

BUILDING PERMIT

OFFICE USE ONLY

SECTION	BLOCK	LOT	TOWN, CITY, VILLAGE	SCHOOL DIST NO.	PERMIT, NUMBER, TOWN CITY, VILLAGE, AND DATE ZONED AS
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LOCATION OF BUILDING: N.E.S.W. SIDE OF _____ FEET N.E.S.W. OF _____
OR CORNER OF _____ AND _____

NUMBER AND STREET ADDRESS OF PROPERTY: _____

OWNER OR LESSEE: OWNER LESSEE

NAME: _____

STREET ADDRESS: _____

POST OFFICE: _____ ZIP: _____

POST OFFICE AND ZIP CODE: _____ TELEPHONE #: _____

TYPE OF IMPROVEMENT: RESIDENTIAL INDUSTRIAL NEW BUILDING ALTERATION DEMOLITION
 COMMERCIAL OTHER REPLACEMENT ADDITION SWIMMING POOL PLUMBING CENTRAL AIR
 RELOCATION

SELECTED CHARACTERISTICS OF BUILDING

PRINCIPLE TYPE OF CONSTRUCTION: WOOD FRAME MASONRY STEEL BSMT SLAB OTHER

RESIDENTIAL ONLY: NUMBER OF BATHROOMS BSMT. FINISH ATTIC FINISH

PLUMBING FIXTURES: NUMBER OF LAVATORIES _____ WATER CLOSET _____ BATH TUB _____ STALL SHOWER _____ KITCHEN SINKS _____ LAUNDRY TUB _____ URINAL _____ BIDET _____ TOTAL _____

ESTIMATED COST OF IMPROVEMENT

PRINCIPLE TYPE OF HEATING AND/OR CENTRAL AIR CONDITIONING: GAS OIL OTHER ELECTRICITY COAL CENTRAL AIR CONDITIONING

COMMERCIAL/INDUSTRIAL ONLY: NEW CONSTRUCTION OR ADDITION MUST INCLUDE SITE PLAN SPRINKLER SYSTEM ELEVATOR

DESCRIPTION OF IMPROVEMENT AND ESTIMATED COST

FIELD REPORT	FIELD REPORT (CONTINUED)	SECTION BLOCK LOT

DATE OF GRANTING OF PERMIT

Signature of Applicant _____

NOTE: SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant _____ TELEPHONE # _____



Village of Old Brookville

201 McCouns Lane, Old Brookville, NY 11545

Tel. (516) 671-4664 Fax. (516) 671-4725

INSURANCE REQUIREMENTS FOR BUILDING PERMITS

1. The Contractor shall procure and maintain Workers Compensation, Disability and Employers Liability Insurance in accordance with the Laws of the State of New York.
2. The Contractor shall also procure before commencing work at the site, and maintain during the Agreement, Public Liability and Property Damage Insurance coverage with an insurance company with at least an "A" rating, listing the Village as named insured, which will cover it and its subcontractors performing work at the site for claims for damages and bodily injury, including death, as well as damages to property, which arises from operations under the Agreement, whether by the Contractor, any Subcontractor or anyone directly or indirectly employed by either of them. *The policy shall include the 'Village of Old Brookville' as an additional insured.* The limits shall not be less than \$2,000,000 and property damages limits of not less than \$1,000,000. The Contractor shall evidence compliance by providing an insurance certificate to the Village.
3. Be advised that the following forms are the only forms acceptable for proof of Worker's Compensation:
(Accord forms are not acceptable)
 - a. C-105.2
 - b. U26.3
4. All insurance forms shall list the Village of Old Brookville as the certificate holder;
Village of Old Brookville
201 McCouns Lane
Old Brookville, NY 11545