

STATE OF NEW YORK
COUNTY OF NASSAU

ss:.....

.....being duly sworn says that h is the
(Owner or Agent)

of the property above described. That all statements made in this application are true to the best of h. knowledge and belief

Sworn to before me this day of..... 19

.....
(Notary)

.....
(Signature of applicant)

OWNER'S AUTHORIZATION

Re: SECTION.....BLOCK.....LOT(S).....

I,owner of the above described premises, situated within the
Incorporated Village of Port Washington North, New York; hereby authorize.....
(Print)

having a place of business at.....

to obtain a building permit in connection with the construction of.....

at the above-referred location.

I, the undersigned am authorized to execute this affidavit as follows:

- 1. as sole owner of above premises.
- 2. Both on behalf of myself and on behalf of my spouse

.....
(Print Name)

3. Principal of Corporation, Firm or Company of Partnership

.....who solely -
(Print Name and Title)

jointly own the property at
in the Village of Port Washington North, Town of North Hempstead,
County of Nassau, State of New York.

Dated:.....

.....
Signed

FOR OFFICE USE ONLY

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment



PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, coordinate the review process and use the FULL EAF.</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>	
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<p><input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.</p>	<p><input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.</p>
<p>_____</p> <p style="text-align: center;">Name of Lead Agency</p>	<p>_____</p> <p style="text-align: center;">Date</p>
<p>_____</p> <p style="text-align: center;">Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="text-align: center;">Title of Responsible Officer</p>
<p>_____</p> <p style="text-align: center;">Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="text-align: center;">Signature of Preparer (If different from responsible officer)</p>

Reset



**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	<input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE
POST OFFICE		NAME
ZIP	STREET ADDRESS	
	POST OFFICE AND ZIP CODE	TELEPHONE #

TYPE OF IMPROVEMENT	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> CENTRAL AIR
			<input type="checkbox"/> ADDITION	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> RELOCATION

SELECTED CHARACTERISTICS OF BUILDING	PRINCIPLE TYPE OF CONSTRUCTION		RESIDENTIAL ONLY	PLUMBING FIXTURES
	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> BSMT	NUMBER OF BATHROOMS <input type="checkbox"/>	NUMBER OF LAVATORIES _____
	<input type="checkbox"/> MASONRY	<input type="checkbox"/> SLAB	<input type="checkbox"/> BSMT. FINISH <input type="checkbox"/> ATTIC FINISH	WATER CLOSET _____
	<input type="checkbox"/> STEEL	<input type="checkbox"/> OTHER		BATH TUB _____
ESTIMATED COST OF IMPROVEMENT	PRINCIPLE TYPE OF HEATING AND/OR CENTRAL AIR CONDITIONING		COMMERCIAL/INDUSTRIAL ONLY	STALL SHOWER _____
	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> NEW CONSTRUCTION OR ADDITION	KITCHEN SINKS _____
	<input type="checkbox"/> OIL	<input type="checkbox"/> COAL	MUST INCLUDE SITE PLAN	LAUNDRY TUB _____
	<input type="checkbox"/> OTHER	<input type="checkbox"/> CENTRAL AIR CONDITIONING	<input type="checkbox"/> SPRINKLER SYSTEM	URINAL _____
			<input type="checkbox"/> ELEVATOR	BIDET _____
				TOTAL _____

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 # _____