



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

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: OWNER OR LESSEE NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____ CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____ ADDRESS _____
CITY, STATE, ZIP _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME PHONE _____

PERMIT EXP DATE _____ EMAIL _____

LOT SIZE S.F. _____ # BLDGS ON LOT _____ IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

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	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE	CENTRAL AIR	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	FINISHED ATTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION		
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT		
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL		
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHANGE IN USE		

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD 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 NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

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 _____ Telephone _____

FIELD REPORT ON REVERSE

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOTS
CA # OR BLDG #
UNIT #
DATE

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)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? Yes No If yes, coordinate the review process and use the FULL EAF.

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. Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

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:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

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:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? Yes No . If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? Yes No If Yes, explain briefly:

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.

- 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.
- 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.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (If different from responsible officer)



VILLAGE OF PORT WASHINGTON NORTH
3 PLEASANT AVENUE
PORT WASHINGTON, NY 11050
(516) 883-5900

Permit No. _____ Section: _____ Block: _____ Lot(s): _____

Location: _____

Affidavit of Final Cost of Construction
Application for Certificate of Occupancy

State of New York

County of _____ ss:

_____, being duly sworn, deposes and says: that he/she is the applicant (or agent of the applicant) named in the Application for Building Permit dated) _____, 20__ relating to construction or other work to be performed on, or in connection with, the premises located as indicated above, that the estimated cost stated in said application of the construction or other work described therein was _____ Dollars (\$ _____) and that the actual final cost of such construction or other work was _____ dollars (\$ _____).

Application is hereby made for the issuance of a Certificate of Occupancy/Completion for the structure on these premises. Applicant states that he has examined the approved plans and that to the best of his knowledge and belief, the structure has been erected in accordance therewith and in accordance with the applicable provision of the law.

Applicant further states that he/she was the (Note: Strike out items a, b or c, not applicable)

- (a) Licensed Architect, or (b) Professional Engineer, or (c) Superintendent of Construction who supervised the said construction or other work and that by reason of his experience he/she is qualified to supervise such work on the structure for which a Certificate of Occupancy is requested.

(Applicant or Agent)

Sworn to before me

This _____ day of _____, 20__

Filed cost \$ _____
Permit Fee Paid \$ _____
Additional Fee \$ _____

Notary Public

Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost is less than the estimated cost stated in the Application for Building Permit, no portion of the fee paid upon the filing of the application will be refunded.

VILLAGE OF PORT WASHINGTON NORTH
FEE SCHEDULE

June 14, 2004

**ONE & 2-FAMILY DWELLINGS, ACCESSORY
STRUCTURES AND ALTERATIONS.**

\$150 + 1% OF CONSTRUCTION
COST. (New construction initially
calculated at \$150 per sq. foot &
alterations initially calculated at \$75
per sq. foot).

CERTIFICATE OF OCCUPANCY

\$50.00

AMENDMENTS OF PERMITS

\$150 & 1% OF ADDITIONAL
CONSTRUCTION COSTS.

EXTENSION OF PERMIT

\$150 FOR 6 MONTHS.

TO LEGALIZE CONSTRUCTION

\$300+1% OF CONSTRUCTION
COST

COMMENCEMENT OF WORK AFTER
FILING PERMIT APPLICATION BUT
PRIOR TO ISSUANCE OF PERMIT

TO BE DETERMINED BY
BUILDING DEPT.

ALL OTHER BUILDINGS & STRUCTURES

\$150 + 1% OF CONSTRUCTION
COST. (New construction initially
calculated at \$150 per sq. foot &
alterations initially calculated at \$75
per sq. foot).

CERTIFICATE OF OCCUPANCY

\$75.00

AMENDMENTS OF PERMITS

\$150 + 1% OF ADDITIONAL
CONSTRUCTION COSTS.

EXTENSION OF PERMIT

\$250 FOR 6 MONTHS.

TO LEGALIZE CONSTRUCTION

\$300+1% OF CONSTRUCTION
COST.

COMMENCEMENT OF WORK AFTER
FILING PERMIT APPLICATION BUT
PRIOR TO ISSUANCE OF PERMIT

TO BE DETERMINED BY
BUILDING DEPT.

BUILDING PERMIT LIST

NOTE: DELIVER ALL THE CHECKED ITEMS BELOW AT THE SAME TIME. THE BUILDING DEPARTMENT CANNOT ACCEPT INCOMPLETE APPLICATIONS OR APPLICATIONS NOT ACCOMPANIED BY FEES.

CHECK LIST

_____ COMPUTATION OF CONSTRUCTION COST.

_____ TWO COPIES OF THE COMPLETELY FILLED IN APPLICATION, INCLUDING ALL SIGNATURES AND CONTRACTORS NAME AND LICENCE NUMBER. THE ELECTRICIAN & PLUMBER TO BE WORKING ON THE JOB IS TO SUBMIT HIS ELECTRICAL LICENSE NUMBER FROM THE TOWN OF NORTH HEMPSTEAD.

_____ THE N.C. ASSESSORS FORM, FILLED IN AND SIGNED BY APPLICANT.

_____ TWO SETS OF COMPLETE DRAWINGS, DISCLOSING ALL NECESSARY DETAILS AND SPECIFICATIONS, SIGNED AND SEALED BY A REGISTERED ARCHITECT OR A LICENSED PROFESSIONAL ENGINEER.

_____ TWO COPIES OF AN UPDATED SURVEY OF THE PROPERTY BY A LICENSED SURVEYOR, SHOWING ALL STRUCTURES ON THE PROPERTY AND THEIR DIMENSIONS TO THE PROPERTY LINES AND TO EACH OTHER.

_____ CONTRACTOR LIABILITY & WORKMENS COMPENSATION INSURANCE CERTIFICATES WITH THE VILLAGE AS CERTIFICATE HOLDER MINIMUM OF \$500,000 EACH.

_____ FILING FEE.

_____ SEPARATE PLUMBING APPLICATION REQUIRED FOR ALL PLUMBING WORK.

_____ N.Y.S. DEPT. OF ENVIRONMENTAL CONSERVATION SEQR FORM WHEN REQUIRED.

_____ ARCHITECTS CERTIFICATION LETTER OF CONFORMANCE.

DEMOLITION PERMIT (same as above)

_____ ASBESTOS LETTER.

_____ UTILITY LETTERS (Keyspan, LIPA, Water & Sewer)

NEW CONSTRUCTION (same as above)

_____ Water Availability Letter from PWWD.

PLUMBING PERMIT

_____ LIABILITY & WORKMENS COMPENSATION INSURANCE CERTIFICATES & LICENSE.

_____ FILING FEE.

REQUIRED INSPECTIONS DURING CONSTRUCTION

You must contact the Building Department for the following inspections during the course of construction with a two day notice:

- * Sub-grade footing bottom.
 - * Waterproofing Foundation.
 - * Foundation Inspection
 - * Rough Framing
 - * Insulation Inspection
 - * Underground Plumbing
 - * Rough Plumbing
 - * Pressure Water Test
 - * Sanitary/Storm System
 - * Final Inspection
-

UPON COMPLETION OF CONSTRUCTION

The following are necessary for the issuance of a Certificate of Occupancy for the work done under this permit:

1. As built drawing, if original drawings have been altered. If alterations increased construction cost, additional fee is required.
2. Final survey is necessary for all new building and where a change to the building size or plot has occurred.
3. Inspection by the New York Board of Fire Underwriters and an Electrical Certificate for same.
4. Final inspection by the Building Inspector. Call for an appointment.
5. Final Cost affidavit. Based upon the Final Cost Affidavit, the 1% of construction cost shall be recalculated. To the extent the recalculation cost exceeded the initial calculation cost an additional fee will be required. No portion of the fee paid upon the filing of the application will be refunded.
6. Professional Certification by licensed architects and engineers.
7. Commercial Only – Fire Marshall & Health Department approvals and sign offs if required.

Ordinance IV, Section 7 – A

Commercial builders must present Village with a letter stating that they would have a licensed engineer or architect on the job to confirm that the job is in accordance with the approved drawings.

(Form of letter: To Bldg. Inspector:

Please be advised that I, the architect, and my consulting engineer will review the above project during construction to confirm that new construction will be in accordance with all plans, specifications and codes.)

When job is completed, the engineer must confirm in writing that it was done in accordance with the drawings.