

Village of Hall

30 Piermont Ave Hewlett, NY 11557

516-295-1400 • Villages3@optimum.net

**Demo Permit
Application**

Date: _____

Owner: _____

Property Address: _____ SBL: _____

Email: _____ Tel #: _____

Mailing Address (if different from property): _____

Residential Zone: _____ Lot Size: _____

Permit Fee: \$1,000

Certificate of Completion Fee: \$150

• **Submit**

- Letters of Disconnect from the Companies for:
 - Sewer
 - Water
 - Electric
 - Gas
- Nassau County Department of Health Rodent Free Certificate (which as a “Valid Until” date)
- Letter from a NY State Licensed Asbestos handler stating that the premises contained no asbestos or the asbestos has been removed and legally disposed of.
- *(Hewlett Bay Park Only)* Road Maintenance Bond in amount to be determined by the Board of Trustees. (Photos of access roads to property including roadways, curbs, sidewalks and utility poles prior to demolition. Not required if Village roads will not be used as access roads.) Village attorney to review and approve Bond Form.

*****ALL CONTRACTORS MUST SUBMIT A COPY OF THEIR NASSAU COUNTY CONSUMER’S AFFAIR LICENSE & LIABILITY INSURANCE, WITH THE VILLAGE OF WHICH THE WORK IS BEING PERFORMED, AS THE CERTIFICATE HOLDER AS WELL AS ADDITIONALLY INSURED.*****

Contractor name: _____

Address: _____

Email: _____ Tel #: _____

Affidavit of Owner / Applicant

State of NY

County of Nassau SS:

I _____ being duly sworn, deposes and says; that all work being done on the premises in accordance with the statement in writing, and the plans of such proposed work is duly authorized by

Signature

Sworn To before me this

_____ day of _____, 20__

Notary Public

Approval

Permission as required by the Building Code of Hewlett Bay Park to perform the work as described in the within statement and the attached plans and specifications, which are part hereof, is granted.

Examined & recommended for approval on _____, 20__

Building Inspector

Office Use Only

Permit #: _____

Date Issued: _____

App Fee: _____

Permit Fee: _____

Certificate Fee: _____



**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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	<input type="checkbox"/> STEEL	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
<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 _____	CENTRAL A/C 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"/>
<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	

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 <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

Telephone

FIELD REPORT ON REVERSE

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOT(S)
CA # OR BLDG #
UNIT #
DATE