



Incorporated Village of Hewlett Neck
 30 Piermont Ave Hewlett, NY 11557
 516-295-1400 • Villages3@optimum.net

Office Use Only

Permit #: _____
 Date Issued: _____
 Permit Fee: _____
 Certificate Fee: _____

Permit Application

Owner: _____
 Property Address: _____ SBL: _____
 Email: _____ Tel #: _____
 Mailing Address (if different from property): _____

Residential Zone: _____ Lot Size: _____

- New Building Alterations Addition(s) Pool Fence
 Demolition Interior Demo Paving/Surface change Other _____

Estimated Cost of Construction: \$ _____

Description of work being performed: _____

- Submit 2 Sets of Plans with most updated surveys
 - Signed & Sealed by a NYS licensed Architect or Engineer
 - All plans are to be fully architectural & structural drawings to a scale of at least ¼ inch to a foot

Architect / Engineer's name: _____

Address: _____

Email: _____ Tel #: _____

*****ALL CONTRACTORS MUST SUBMIT A COPY OF THEIR NASSAU COUNTY CONSUMERS AFFAIRS LICENSE AND LIABILITY INSURANCE WITH THE VILLAGE OF HEWLETT NECK AS THE CERTIFICATE HOLDER AS WELL AS ADDITIONALLY INSURED.*****

Contractor name: _____

Address: _____

Email: _____ Tel #: _____

CERTIFICATE OF OCCUPANCY. It shall be unlawful to use or permit the use of any building or premises or part thereof, hereafter created, erected or enlarged or of any building or premises or part thereof, hereafter changed or converted to a different use until a certificate of occupancy shall have been issued to the owner by the Inspector of Buildings.

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 _____, 2017

 Building Inspector



**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 _____

CITY, TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION: _____

WORK MUST BEGIN BY _____

PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

Check one: OWNER OR LESSEE

NAME OF BUSINESS _____

CONTACT PERSON/OWNER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

**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

| | |
|---|---|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> FIRE DAMAGE |
| <input type="checkbox"/> ADDITION (CHANGE IN S.F.) | <input type="checkbox"/> GARAGE/ OUT BUILDING |
| <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) | <input type="checkbox"/> PLUMBING |
| <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 |

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES NO

FINISHED ATTIC YES NO

BASEMENT FINISH

1/4 1/2 3/4 FULL

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 _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

Signature of Applicant/Contact Person - Sign & Print

Address of Applicant/Contact Person _____ Telephone _____

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