



Inc. Village of Hewlett Neck

30 PIERMONT AVE · HEWLETT · NY · 11557
TEL · (516) 295-1400 · FAX · (516) 295-1406

BUILDING PERMIT APPLICATION REQUIREMENTS

Submission Requirements - Applications must be submitted via email to Hewlettneckinspector@gmail.com and the original to Village Hall.

- ❖ Completed permit application form
- ❖ Application Fee: \$200.00 (**non-refundable & due at time of submission**)
- ❖ Two (2) sets of signed and sealed plans by a NYS licensed Architect or Engineer
Plans must include:
 - All plans are to be fully architectural & structural drawings to a scale of at least ¼ inch to a foot
 - Plot plan
 - Indicate all setbacks from existing, proposed, and accessory structures including mechanical units.
 - Zoning chart: stating requirements, existing and proposed calculations.
 - Drainage calculations, locations of dry wells/drainage structures.
 - Water table and base flood elevation shown on plot plan.
 - Elevation drawings including heights and height/setback ratios as well as a cross section.
 - Construction detail of paving and type of material.
 - Soil Boring Test must be supplied with plans.
- ❖ Copy of the most up to date survey & topographical survey.
- ❖ If the property is located in a flood zone an Elevation Certificate is required
- ❖ Separate applications are required for any plumbing, gas work, A/C, Generator, fences, demolition, paving and pools.
- ❖ Applications will be reviewed upon the submission of all required items

Contractor Information

- ❖ All contractors must submit:
 - **Nassau County Consumer's Affairs License**
 - **General liability insurance** with the Village of Hewlett Neck as the certificate holder as well as additionally insured.
 - **Worker's compensation** insurance with the Village as the certificate holder.

NO WORK SHALL BEGIN UNTIL A PERMIT HAS BEEN ISSUED



Incorporated Village of Hewlett Neck

30 PIERMONT AVE HEWLETT, NY 11557
516-295-1400

\$ 200 Application fee required
Application # _____
Date Paid _____

BUILDING PERMIT APPLICATION

Owner: _____ Date: _____

Property Address: _____ SBL: _____

Email: _____ Tel #: _____

Mailing Address (if different from property): _____

<input type="checkbox"/> New Building	<input type="checkbox"/> Alterations (no change in footprint)	<input type="checkbox"/> Addition(s)	<input type="checkbox"/> Renovation
<input type="checkbox"/> Demolition (other than dwelling)	<input type="checkbox"/> Interior Demo	<input type="checkbox"/> Driveway	<input type="checkbox"/> Paving/Surface change (other than a driveway)

❖ Residential Zone: _____ Lot Size: _____ square feet

❖ Description of work being performed:

❖ Architect / Engineer's name: _____

Address: _____

Email: _____ Tel #: _____

❖ 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
(PRINT NAME)
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

Notary Stamp

Cost calculations	
New House	\$200 per square foot
Additions/Alterations	\$175 per square foot
Renovations	\$150 per square foot
Driveway Permit Fee	\$0.25 per square foot
Paving Permit Fee – other than a driveway	\$1.00 per square foot for the first 500 sqft & \$0.50 each additional sqft
Accessory Building/Structure -under 100sqft	\$200 fee.
Swimming Pool Patio-	\$1.00 per square foot for the first 500 sqft and \$0.50 for each additional sqft

OFFICE USE ONLY - PERMIT FEE	
1.5% OF THE COST UP TO 1 MILLION	
Square Feet: _____	x 1.5% = _____
1% OF THE COST OVER 1 MILLION	
Square Feet: _____	x 1% = _____
Certificate of Occupancy \$200	
Certificate of Completion \$150	
Total	_____



Incorporated Village of Hewlett Neck
BUILDING DEPARTMENT

Affidavit of Single-Family Dwelling

_____, being duly sworn, deposes and says:
(Print Name)

1. Your deponent resides at _____.

2. Your deponent is the owner of a single-family dwelling located at _____,

further identified as Section _____ Block _____ Lot(s) _____
under the Nassau Land Tax Map.

3. Your deponent is filing a Building Permit Application.

4. Your deponent makes this affidavit to assure the Building Inspector of the Incorporated Village of Hewlett Neck and his employees, that he or she is maintaining a one family dwelling which is used as a one housekeeping unit, and that only one family occupies said dwelling.

4. Your deponent is aware of the fact that if there is any information received by the Village of Hewlett Neck Building Department, which contradicts the statements herein contained, and which is confirmed thereafter through admissible evidence, he or she shall be subject not only to an immediate cause of action for whatever violations may be involved under the provisions of the Building Zone Ordinance of the Incorporated Village of Hewlett Neck, but also prosecution for perjury.

Sworn to before me this

_____ day of _____,

X _____
Owner's Signature/Date

Notary Public



Inc Village of Hewlett Neck

OWNERS ACKNOWLEDGEMENT AFFIDAVIT

I, _____ being duly sworn, depose and say that I am the owner of _____, and that I have authorized the work to be performed at my property by _____.

(Contractor Company)

I have read and understand the responsibilities stated below as the homeowner and person responsible while work is being performed on my property. I have familiarized myself with the conditions set forth for the issuance of the building permit as well as the Code of the Village of Hewlett Neck including but not limited to:

1. The Building Permit is valid for one (1) year from the date of issuance stated on the permit. If for any reason the work is not completed before the expiration date, you must obtain an extension by submitting a request along with the fee that is due prior to the expiration date.
2. In order to obtain a Certificate of Occupancy or Completion the required documents must be submitted. (Electrical Certificate, Final Survey, any related documents required by the Building Inspector) and ALL inspections must be completed. The **homeowner** is responsible for all open permits.
3. Hours work can be done:
 - a. Monday through Friday – 8:00am to 6:00pm
 - b. Saturdays, Sundays and Legal holidays – **NO WORK**
4. The property must be kept clean and in safe condition at all times during construction.
5. Any and all changes to the approved plans must be submitted to the Building Department and approved by the Inspector.
6. Make sure your contractor has their vehicles parked legally along the street if they cannot park in your driveway.

I make this affidavit with the full knowledge that the Building Department relies upon the truth of the statements herein contained and in relying thereon will issue a permit called for in the application.

(Property Owner’s Signature)

Sworn to before me this

_____ day of _____, 20__

(Notary’s Signature)

Notary Stamp:



Inc. Village of Hewlett Neck

30 PIERMONT AVE, HEWLETT, NY 11557

516-295-1400

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION
IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

New Residential Structure

Addition to Existing Residential Structure

Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):**

Truss Type Construction (TT)

Pre-Engineered Wood Construction (PW)

Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

Floor Framing, Including Girders and Beams (F)

Roof Framing (R)

Floor Framing and Roof Framing (FR)

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

CAPACITY (Check One):

Owner

Owner's Representative



**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)

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

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 <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	NAME OF BUSINESS	
CITY, TOWN, VILLAGE		ZIP		CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:			ADDRESS		
WORK MUST BEGIN BY			CITY, STATE, ZIP		
PRINCIPLE TYPE OF CONSTRUCTION			PHONE		
<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME			EMAIL		
PERMIT EXP DATE			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION		
LOT SIZE S.F.					
# BLDGS ON LOT					

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 AIR 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	