



*Inc. Village of Hewlett Neck*  
*30 Piermont Ave · Hewlett · NY · 11557*  
*Tel· (516) 295-1400 · Fax · (516) 295-1406*

## Permit Application Requirements

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### Requirements

- ❖ Completed permit application form
- ❖ Application Fee: \$200.00 (non-refundable)
- ❖ 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 indicating all setbacks from existing and proposed structures and accessory structures.
  - Zoning calculations and Drainage calculations existing and proposed on first page.
  - Current date
  - Elevation drawings including heights and height/setback ratios as well as a cross section.
- ❖ Copy of the most up to date survey
- ❖ Completed Short Environmental Assessment Form
- ❖ If the property is located in a flood zone an Elevation Certificate is required

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### Additional Information

- ❖ Separate applications are required for any plumbing, gas work, A/C, Generator, fences, demolition, paving and pools.
- ❖ All contractors must submit a copy of their **Nassau County Consumer's Affairs license** and **General liability insurance** with the Village of Hewlett Neck as the certificate holder as well as additionally insured and **Worker's compensation**.
- ❖ Applications will be reviewed upon the submission of all required items

**\*NO WORK SHALL BEGIN UNTIL A PERMIT HAS BEEN ISSUED\***



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
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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	<input type="checkbox"/> STEEL	EMAIL

LOT SIZE S.F.	<input type="checkbox"/> MASONRY	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 AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> <b>BASEMENT FINISH</b> 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 \_\_\_\_\_