



Village of Hewlett Neck

30 Piermont Ave Hewlett, NY 11557

516-295-1400

[Hvillagehall@optimum.net](mailto:Hvillagehall@optimum.net)

**Demolition Application**

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_ SBL: \_\_\_\_\_

Email: \_\_\_\_\_ Tel #: \_\_\_\_\_

Mailing Address (if different from property): \_\_\_\_\_

**Permit Fee: \$1,000**

**Certificate of Completion Fee: \$150**

**Construction Fence Required Prior to Demolition.**

- **6 ft High green plywood construction fence or chain link construction fence with privacy weave.**
- **3 ft Filter Fabric - 1 ft up the fence & 2 ft on ground with hay bales on top for storm water runoff protection.**
- **SITE MUST BE SECURED & LOCKED AT ALL TIMES THAT THERE ARE NO WORKERS ON SITE.**

• **Submit**

- Letters of Disconnect from the Utility Companies &/or if you are using temporary services for the construction site you must have that contractor submit a letter of temporary use.
  - Sewer
  - Water
  - Electric
  - Gas
- Nassau County Department of Health Rodent Free Certificate (which has 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.

- **All contractors must submit a copy of their Nassau County Consumer's Affair license, liability & workers compensation insurance with the Village of Hewlett Neck as the certificate holder as well as additionally insured.**

Contractor name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel #: \_\_\_\_\_

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\_\_\_\_

**Approval**

Permission as required by the Building Code of Hewlett Neck 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\_\_\_\_

Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Building Inspector



*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



**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 <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	<p align="center"><b>IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</b></p>
# 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"/> <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 \_\_\_\_\_