



Inc. Village of Hewlett Bay Park

BUILDING PERMIT APPLICATION

Buildingdepartment@hewlettbayparkny.gov

Completed permit application packet, any incomplete packets will be returned.

Application Fee: \$500.00 (non-refundable), due at the time of submission.

One (1) PDF of signed and sealed plans by a NYS licensed Architect or Engineer – Plans must be emailed in a PDF format to **BUILDING@HEWLETTBAYPARKNY.GOV**

o **Plans must include**

- All plans are to be fully architectural & structural drawings to a scale of at least 1/4 inch to a foot.
- Plot plan indicating all setbacks from existing and proposed structures and accessory structures.
- Zoning calculations.
- Drainage calculations (5-inch rainfall), with location of drainage structure(s) and piping.
- Soil Boring Test must be submitted.
- Base Flood Elevation and Water Table, flood zone and limit of moderate wave action line must be shown on plans.
- Elevation drawings to include all heights and height/setback ratios as well as a cross section.
- Truss type construction form, if applicable.
- 2 copies of the most up to date survey with grade elevations. (survey must be legible).
- Completed Short Environmental Assessment Form (if required).
- If the property is located in a flood zone an Elevation Certificate is required. (Flood zones must be shown on plot plan with Limit of Moderate Wave Action Limit line).

All Contractors must submit

- o Nassau County Consumer Affairs License (Copy of the original license).
- o Liability Insurance with the Village of Hewlett Bay Park as the certificate holder and additionally insured. Accord form Only. (Insurance must list everything the contractor is insured to do).
- o Workers Compensation Insurance with the Village of Hewlett Bay Park as the certificate holder. Forms must be C 105.2, or U-26.3, or CE 200 for waiver.

All Plumbers (There is a separate form for plumbing work.)

- o All plumbers must be licensed by the Town of Hempstead, the Town of North Hempstead or the Town of Oyster Bay Reciprocal License.
- o Liability Insurance with the Village of Hewlett Bay Park as the certificate holder and additionally insured. Accord form Only.
- o Workers Compensation Insurance with the Village of Hewlett Bay Park as the certificate holder. Forms must be C 105.2, or U-26.3, or CE 200 for waiver.

All Electricians must be licensed by the Town of Hempstead. An original Electrical Inspection Certificate is required to close out building permits. Prior to commencing any electrical work in order to schedule the appropriate inspections contact an approved Electrical Inspection Agency. This certificate is needed to close out your building permit.



Inc. Village of Hewlett Bay Park

BUILDING PERMIT APPLICATION

Buildingdepartment@hewlettbayparkny.gov

Property Address: _____ **Section** _____ **Block** _____ **Lot(s)** _____

Section

Block

Lot(s)

Owner(s) Name _____

Owner(s) address _____

Telephone # Email Address

Architect / Engineer Name

Address

Telephone # _____ **Email Address** _____

Contractor Company Name

Address

Telephone # Email Address

Type of work being proposed _____ **Estimated Cost** _____

Estimated Cost

New Single-Family Dwelling Addition to Existing Dwelling Alteration / Renovation to existing dwelling

New Accessory Structure Structural Repair Re-Grading of Property Solar Retaining /Site Wall

Description of work being performed:

- Is the property located in a flood zone? No Yes **Zone:** _____
(Flood zones must be shown on plot plan with Limit of Moderate Wave Action Limit)
- Will utility meters be relocated or installed? Yes No
- If plumbing work will be performed, a separate application must be submitted by the plumbing contractor.
- If HVAC / Air conditioning work is being performed, a separate application must be submitted by the contractor.
- If electrical work is being performed, an electrical certificate must be submitted after the final inspection from the 3rd party electrical inspector.

AFFIDAVIT OF APPLICANT



State of New York)
County of Nassau)
SS:

I, _____ being duly sworn, deposes and says that _____
(Agent, Contractor) (Owner)

Is the owner of the premises to which this application applies to and that the applicant is duly authorized to make this application; and that the statements contained here are true and correct to the best of their knowledge and belief; and that the work being performed in the manner set forth in this application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations of the Village and New York State.

Sworn to me this _____ day of 20_____

Notary Public

(Signature of Applicant)

PROPERTY OWNER CERTIFICATION

I, _____, hereby certify that I have full knowledge of the proposed work at my property as described herein and take no exception to such activity.

Sworn to me this _____ day of 20_____

Notary Public

(Signature of Owner)

PERMIT REQUIREMENT AGREEMENT

I, _____, understand and will comply with the following:
(Owner Print Name)

Initial each requirement below:

1. Construction shall not begin prior to obtaining a permit from the building department. _____
2. Construction shall not begin prior to 8:00 am nor after 6:00 pm on weekdays. _____
3. Construction is **not** permitted on Saturday, Sundays, or Legal Holidays. _____
4. The contractor is responsible for contacting the building department for all required inspections. _____
5. Required erosion and sediment control methods must be in place prior to construction. _____
6. Any revisions to the work shall have approved amended plans prior to doing the work. _____

I have read, initialized and fully understand the above requirements. _____

(Signature of owner)

For Office Use Only

Total Sq. ft: _____

Sf. Ft x \$ _____ = \$ _____ x 1.5% =

\$ _____ Permit Fee

New House \$350 per sq ft.

Additions, alterations \$300 per sq ft.

Renovations \$250 per sq ft.

Certificate of Completion/Occupancy: \$ 400 Total: _____

Approved - Inspector: _____

Date: _____

Denied - Inspector: _____

Date: _____

Zoning Board of Appeals: Approved Date _____

Denied Date _____



**Inc. Village of Hewlett Bay Park
Building Department**
30 Piermont Ave, Hewlett, NY 11557
(516) 295-1400

AFFIDAVIT OF NO PLUMBING WORK

PREMISES: _____

This is to certify that I, _____
owner of the above premises, applying for a building permit, being duly sworn, depose and say
that there will be no plumbing work of any nature whatsoever at the above captioned premises.

I realize that I must apply for a Plumbing Permit in the event plumbing work is installed at a future
date.

Signed: _____

(Owner)

(Print Name)

Sworn to before me this _____ day of
_____, 20_____



**Inc. Village of Hewlett Bay Park
Building Department**
30 Piermont Ave, Hewlett, NY 11557
(516) 295-1400

AFFIDAVIT OF NO ELECTRIC WORK

PREMISES: _____

This is to certify that I, _____, owner of the above premises, applying for a building permit, being duly sworn, depose and say that there will be no electrical work of any nature whatsoever at the above captioned premises.

I realize that I must submit an electrical certificate in the event electrical work is installed at a future date.

Signed: _____

(Owner)

(Print Name)

Sworn to before me this _____ day of _____, 20_____



Incorporated Village of Hewlett Bay Park
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 Bay Park 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.
5. Your deponent is aware of the fact that if there is any information received by the Village of Hewlett Bay Park 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 Bay Park, but also prosecution for perjury.

Sworn to before me this

____ day of _____,

X _____
Owner's Signature/Date

Notary Public



Inc. Village of Hewlett Bay Park
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

6" DIAMETER

REFLECTIVE RED
PANTONE #187

REFLECTIVE WHITE

1/2"
STROKE

V
FR

The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING





**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT NASSAU COUNTY					NBHD# (ASSESSOR USE ONLY) DATE REC'D (ASSESSOR USE ONLY)	TOWN SCHOOL DISTRICT SECTION BLOCK LOT(S) CA # OR BLDG # UNIT # DATE	
240 Old Country Road, Mineola, NY 11501							
TOWN - CITY - VILLAGE OF: _____							
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	NAME OF BUSINESS		
CITY, TOWN, VILLAGE			ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER		
ESTIMATED COST OF CONSTRUCTION:					ADDRESS		
					CITY, STATE, ZIP		
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION		<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	PHONE		
PERMIT EXP DATE					EMAIL		
LOT SIZE S.F.					IF YOU WISH TO GROUP OR APPORTION LOTS		
# BLDGS ON LOT					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					DOES RESIDENCE HAVE THE FOLLOWING 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"/> 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 _____							
<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							
FIELD REPORT ON REVERSE					Address of Applicant/Contact Person	Telephone	