



## *Inc. Village of Hewlett Bay Park*

### **BUILDING PERMIT APPLICATION**

[Building@hewlettbayparkny.gov](mailto:Building@hewlettbayparkny.gov)

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**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](mailto:BUILDING@HEWLETTBAYPARKNY.GOV)

○ **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.
- 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**

- Nassau County Consumer Affairs License (Copy of the original license).
- 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).
- 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.)

- All plumbers must be licensed by the Town of Hempstead, the Town of North Hempstead or the Town of Oyster Bay Reciprocal License.
- Liability Insurance with the Village of Hewlett Bay Park as the certificate holder and additionally insured. Accord form Only.
- 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

Building@hewlettbayparkny.gov

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

- 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 3<sup>rd</sup> 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% =			New Construction <b>\$350 per sq ft.</b>
\$ _____ Permit Fee			Additions, alterations <b>\$300 per sq ft.</b>
Certificate of Completion: <b>\$250</b>			Renovations <b>\$250 per sq ft.</b>
Certificate of Occupancy: <b>\$ 400</b>	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:** \_\_\_\_\_

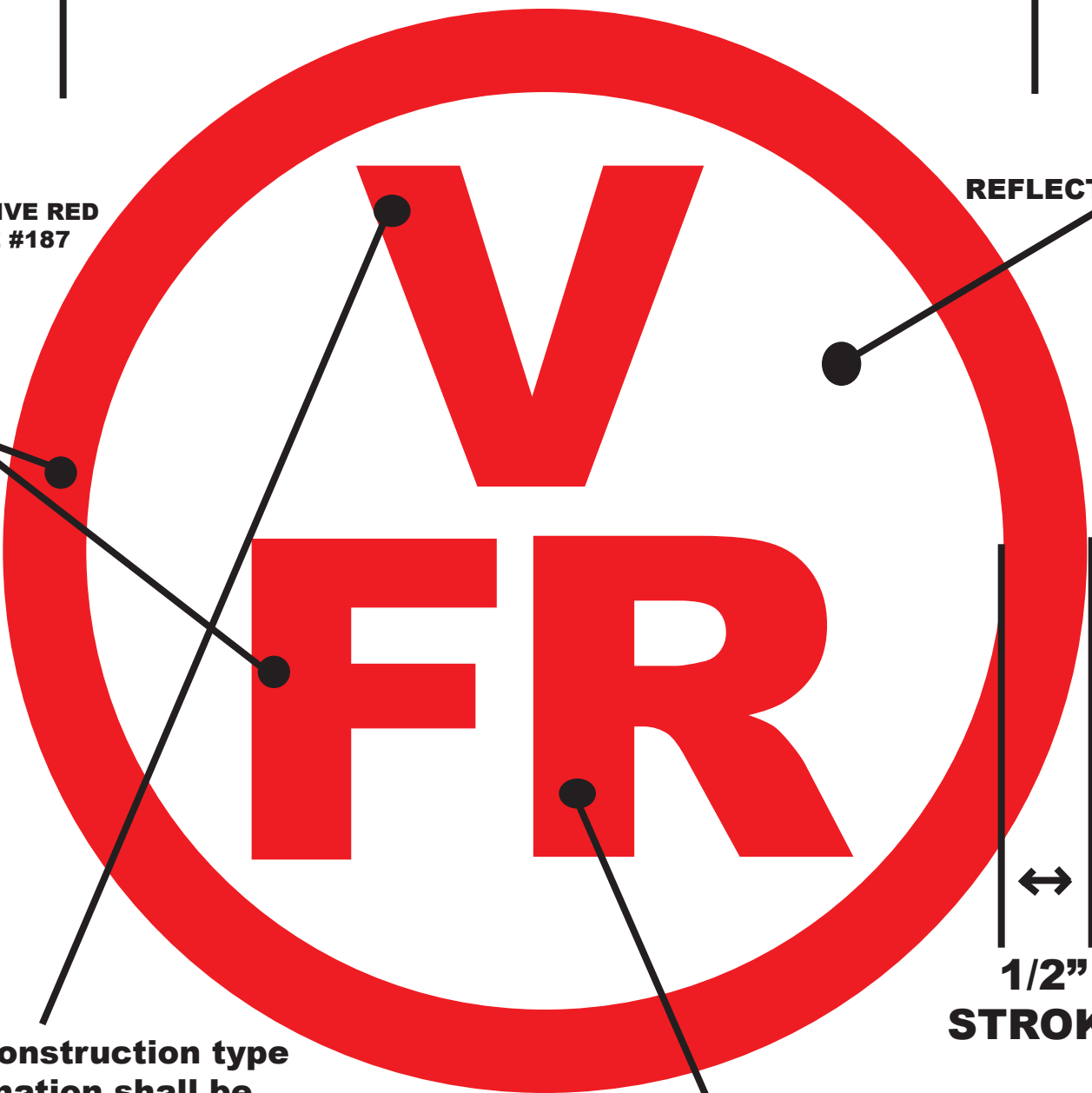
**PRINT NAME:** \_\_\_\_\_

**CAPACITY (Check One):**  Owner  Owner's Representative

← 6" DIAMETER →

REFLECTIVE RED  
PANTONE #187

REFLECTIVE WHITE



1/2"  
STROKE

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**

<b>"F"</b>	<b>FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS</b>
<b>"R"</b>	<b>ROOF FRAMING</b>
<b>"FR"</b>	<b>FLOOR AND ROOF FRAMING</b>





**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	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 \_\_\_\_\_