



BUILDING PERMIT APPLICATION

building@woodsburgh.gov / inspector@woodsburgh.gov

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

Application Fee: \$200.00 (non-refundable), due at the time of submission.

Two (2) paper sets of signed and sealed plans by a NYS licensed Architect or Engineer – Plans must also be emailed in a PDF format to building@woodsburgh.gov.

- 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).
- Residential Compliance(REScheck)

All Contractors must submit

- Nassau County Consumer Affairs License (Copy of the original license).
- Liability Insurance with the Village of Woodsburgh 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 Woodsburgh 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 Woodsburgh as the certificate holder and additionally insured. Accord form Only.
- Workers Compensation Insurance with the Village of Woodsburgh 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.

- All permits issued are valid for one (1) year from date of issue, and must be renewed if work is not completed, in a timely fashion, to avoid renewal fees.
- Approved plans and a copy of approved permit must remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans must be made available to the Building Inspector at time of inspection.



Inc. Village of Woodsburgh

BUILDING PERMIT APPLICATION

building@woodsburgh.gov / inspector@woodsburgh.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: _____

- Residence Zone District _____
- Is this permit to legalize an existing structure? _____
- 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. _____
- 7. I agree to permit the Building Inspector and any officer or employee of the Village to enter upon the premises in the discharge of their duties with this application. _____

I have read, initialized and fully understand the above requirements. _____
(Signature of owner)

For Office Use Only	
Permit Fee: \$ _____ (1.5% of the cost under 1 million dollars) (1% of the cost over 1 million dollars)	New House construction - \$200.00 per sq ft. Addition(s), Alteration(s) - \$175.00 per sq ft. Renovations - \$150.00 per sq ft.
Certificate of Completion/Occupancy: \$ 200.00	
Approved - Inspector: _____	Date: _____
Denied - Inspector: _____	Date: _____
Zoning Board of Appeals: Approved Date _____	Denied Date _____



**Inc. Village of Woodsburgh
Building Department**

30 Piermont Ave, Hewlett, NY 11557
(516) 295-1400

AFFIDAVIT OF NO ELECTRICAL 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 have a third party electrical inspector company, inspect all electrical work in
the event electrical work is installed at a future date and submit the final electrical certificate to
the Building Department.

Signed: _____

(Owner)

(Print Name)

Sworn to before me this _____ day of

_____, 20____

Inc. Village of Woodsburgh
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____



Incorporated Village of Woodburgh
BUILDING DEPARTMENT

Affidavit of Single-Family Dwelling Use

_____, 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 Woodburgh 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 Woodburgh 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 Woodburgh, 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)

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: OWNER OR LESSEE

NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____

CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____

ADDRESS _____

CITY, STATE, ZIP _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION

PERMIT EXP DATE _____

STEEL

MASONRY

FRAME

PHONE _____

EMAIL _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

**IF YOU WISH TO GROUP OR APPORTION LOTS
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
<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 A/C 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 NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

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