Telephone 516-798-0244 Fax 516-798-6106

Incorporated Village of Massapequa Park
VILLAGE HALL, 151 FRONT STREET, MASSAPEQUA PARK, NEW YORK 11762-2794
WEBSITE: www.masspk.com

BUILDING DEPARTMENT

INSTRUCTIONS FOR FILING BUILDING PERMIT

APPLICATION FEE: $30.00 (required at the time of filing)

APPLICATIONS FOR BUILDING PERMITS *MUST BE* FILED IN DUPLICATE WITH THE FOLLOWING DOCUMENTATION:

- **Two (2)** sets of plans with the seal and signature of a licensed architect or engineer. **Free hand and pencil drawings are not acceptable.** Plans shall be ¼" scale and must show all construction detail. **A plot plan must be on Page 1 of construction drawings with all structures shown and their dimensions. ALL CONSTRUCTION AS OF MAY 12, 2020 MUST MEET ALL NEW YORK STATE BUILDING CODES**

- **Two (2)** copies of the **Survey** of the site indicating the extent and dimensions of all new work to be done and all setbacks from the property line.

- **Copy of Contractors Nassau County Consumer Affairs License.**

- **Certificate of Workers' Compensation and Liability Insurance is required from the contractor. The Liability form must name the Village of Massapequa Park as the additional insured and provide the address for the home in which the building permit will be issued. All forms must be originals.**

- **If a homeowner is planning to do the construction or to act as the general contractor, please ask the Building Clerk for the required form and application instructions. (CE-200)**

The applicant will be notified by mail regarding building permit and plumbing permit fees, which include a **$500.00** bond, payable in **Cash or Bank Check**, which is refunded when construction has been completed.

PLEASE NOTE:
Contractor is required to obtain certificates or other proof of Worker's Compensation Insurance from all subcontractors or any other person that is not an employee of contractor and performs or provides work, labor or services on the site. Upon request by the Village of Massapequa Park contractors must provide a copy of any such certificate to the Village. Failure to do so may result in revocation of building permits.

For further information please contact: **GARET LAMB, Building Inspector**
Monday thru Friday, 9 a.m. to 5 p.m.
Ext. 112 (Streets A-L)
Ext. 120 (Streets M-W)

Telephone 516-798-0244 Fax 516-798-6106

Incorporated Village of Massapequa Park
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VILLAGE ORDINANCES
HOME IMPROVEMENT

PLEASE KEEP IN MIND THE FOLLOWING VILLAGE ORDINANCES

1. **DUMPSTERS AND CONSTRUCTION MATERIALS** – A permit is required to place a dumpster or building materials in the street.

2. **NOISE** - Building operations are allowed during the hours of 8 a.m. to 7:30 p.m. on Monday through Friday and from 9 a.m. to 7 p.m. on Saturdays. **NO BUILDING OPERATIONS ARE PERMITTED ON SUNDAYS.**

3. **SIGNS** – Any signs advertising construction are not permitted in the Village without a permit.

4. **STORAGE CONTAINERS (P.O.D.S.)** – Storage containers require the filing of a permit and are only permitted with an open Building Permit.

Please refer any questions to the Building Department
516-798-0244 Ext. 120 or 121

Telephone 516-798-0244 Fax 516-798-6106

Incorporated Village of Massapequa Park
VILLAGE HALL, 151 FRONT STREET, MASSAPEQUA PARK, NEW YORK 11762-2794
WEBSITE: www.masspk.com

BUILDING DEPARTMENT

APPLICATION DUMPSTER PERMIT ON PROPERTY

FEE: $25.00

DATE: _____ **PERMIT NO.:** _____

NAME: _____ **TELEPHONE NO.:** _____

ADDRESS: _____ **Section:** _____ **Block:** _____ **Lot(s):** _____

OPEN BUILDING PERMIT NO.: _____

SIZE AND LOCATION OF CONTAINER: _____

DUMPSTER CONTAINER COMPANY NAME: _____

ADDRESS: _____ **TELEPHONE NO.:** _____

EXPIRATION DATE: _____
(Dumpster shall *not* be placed on property until approved Permit is received.)

REASON FOR PERMIT: _____

PLEASE SUBMIT SURVEY INDICATING LOCATION OF DUMPSTER.

_____
Homeowner/Merchant Signature

****

Approved: _____

Denied: _____

_____
Building Inspector

T.FORMS2016DUMPSTERPERMIT10 2017

Telephone 516-798-0244

Fax 516-798-6106

Incorporated Village of Massapequa Park

Village Hall, 151 Front Street, Massapequa Park, New York 11762-2794

Website: www.masspk.com

DUMPSTER/BUILDING MATERIAL PERMIT IN STREET

PROPERTY OWNER: **PERMIT NO.:**_____

Name:_____ **Phone No.:**_____

Address:_____

DUMPSTER COMPANY OR CONTRACTOR:

Name:_____ Phone No.:_____

Address:_____

EXPECTED START DATE:_____ **EXPECTED FINISH DATE:**_____

$500.00 CASH/CHECK DEPOSIT (REFUNDABLE) required at time of application.
$ 25.00 PER DAY CHARGE for each day, or part thereof, that the dumpster remains on a public street.

The Dumpster must be equipped with reflective tape, battery operated lights and reflectors.

The Village reserves the right to deny an application for a permit to ensure the health, safety and welfare of the persons travelling the street on which the dumpster is said to be located.

I, _____, agree to abide by the conditions of Section 298.10 (attached)
Signature

REFUND TO: NAME:_____

ADDRESS:_____

****

Approved:_____ Date:_____

Deposit taken: $_____ ( ) Cash ( ) Check No. _____

Total Charge: $_____ Refund Amount: $_____ Refund Date:_____

Chapter 298. Streets and Sidewalks

Article I. General Provisions

§ 298-10. Dumpsters and other deposits.

[Added 8-22-1983 by L.L. No. 33-1983]

A. No person shall be allowed to place or deposit any merchandise, dumpster, building material or any personal property or other things, except a lawful motor vehicle duly licensed and registered, in or upon any street, highway, sidewalk or other public place, including municipal parking fields, unless such person has first obtained written permission from an authorized officer and/or employee designated by the Village of Massapequa Park for a permit from the Village to perform such an act, subject to the rules and regulations as set forth by the Village.

B. Special permits under exceptional and emergency conditions.

(1) Under exceptional and emergency conditions, a special permit may be sought by application of any person for a dumpster from the Board of Trustees or by approval by the Village Administrator, subject to review and approval by the Board of Trustees.

(2) Such special permit shall be issued in the event of severe structural damage to a dwelling such as to render it uninhabitable or in the nature of another emergency, including but not limited to fire, flood, hurricane, tornado or other natural disaster which may be declared by the federal or state governments.

(3) In the event that a special permit is issued as stated above, it shall be subject to the condition that the person applying for the special permit shall furnish a cash bond in the amount of $500 to the Village at or before the date of issuance of the special permit.

(4) The applicant for special permit shall be charged $25 a day for each and every day the said dumpster is on the public street of the Village, and the Village of Massapequa Park shall have the option of deducting the said $25 a day from the cash bond supplied to the Village by the applicant for a special permit.

(5) As a further condition to the issuance of the special permit, the applicant shall supply reflective tape, battery-operated lights, reflectors and such other material and items as may be required by the Village Administrator or the Board of Trustees of the Village of Massapequa Park for the health, safety and welfare of the persons traveling the streets of the Village.

C. It shall be unlawful for any store owner or operator to use municipal trash or garbage containers or receptacles for disposal of their garbage or trash. These receptacles are for the general public's use for trash as a result of a purchase from a store owner or operator.

[Added 12-8-2008 by L.L. No. 9-2008[1]]

[1] *Editor's Note: Pursuant to this local law, former Subsection C was redesignated as Subsection D.*

D. Any persons, corporations or other legal entity found guilty of a violation of this section shall be subject to a mandatory minimum fine of $500.
[Amended 12-8-2008 by L.L. No. 9-2008]

Telephone 516-798-0244 Fax 516-798-6106

Incorporated Village of Massapequa Park
VILLAGE HALL, 151 FRONT STREET, MASSAPEQUA PARK, NEW YORK 11762-2794
WEBSITE: www.masspk.com

BUILDING DEPARTMENT

APPLICATION FOR STORAGE CONTAINER PERMIT

FEE: $10.00

Storage container may be no more than 160 square feet and 8 feet 6 inches in height. Set back 5 feet from property lines and house. Permit is limited to 180 days from date on this Storage Container Permit (see Local Law 345-30).

DATE: _____ **PERMIT NO.:** _____

NAME: _____ **TELEPHONE NO.:** _____

ADDRESS: _____ **Section:** _____ **Block:** _____ **Lot(s):** _____

OPEN BUILDING PERMIT NO.: _____

SIZE AND LOCATION OF CONTAINER: _____

STORAGE CONTAINER COMPANY NAME: _____

ADDRESS: _____ **TELEPHONE NO.:** _____

EXPIRATION DATE: _____ **(Storage container shall *not* be placed on property until approved Permit is received.)**

PLEASE SUBMIT SURVEY INDICATING LOCATION OF STORAGE CONTAINER

_____
Homeowner's Signature

****

Approved: _____

Denied: _____

_____
Building Inspector

Temporary storage containers.

[Added 2-28-2006 by L.L. No. 1-2006]

(a) Definition. "Storage container" means any container intended for the purpose of storing or keeping household goods and other personal property that is intended to be filled, refilled, or emptied while located outdoors on a residential property.

(b) It shall be unlawful for any person, firm or corporation to place, keep or maintain any storage container on any property improved with a single-family dwelling, without securing a permit.

(c) Any person desiring a permit to place or maintain a storage container shall file an application with the Building Department. The form for this application is to be furnished by the Building Department and shall be sworn to and filed by the applicant with the Building Department, along with an application fee of $10.

(d) A permit for a storage container may only be granted if there is currently a building permit for improvement of the single-family dwelling upon which the storage container is located.

(e) A storage container may not be more than 160 square feet and no more than 8.6 feet in height.

[Amended 1-8-2007 by L.L. No. 1-2007]

(f) The storage container shall be set back from any side yard property line a minimum of five feet and from the front property line by a minimum of five feet and also be a minimum of five feet away from any structures on the property. In granting the permit the Building Inspector shall consider the rights of adjacent property owners so that there shall not be any unreasonable deprivation of light, air or a reasonable use of adjoining property.

(g) The Building Inspector is hereby authorized, in the exercise of reasonable discretion, to revoke any permit issued hereunder if, after due investigation, he deems that the holder thereof has violated any provisions of this subsection, in that the storage container is being maintained in an unsafe manner or is being maintained as a nuisance. Written notice of said revocation shall be given, either by personal service upon the person to be notified or by depositing said notice in the United States mail in a sealed envelope, postage prepaid, addressed to such person at the address which appears on the records of the Building Department.

(h) The length of time a storage container shall be permitted to remain shall be 180 days. An extension beyond 180 days will be considered upon application to the Board of Trustees. It shall be mandatory that the storage container be removed at the end of the permitted period of time.

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

NOT AN ASBESTOS PROJECT

FOR OFFICIAL USE ONLY
1. _____ NYC Buildings Dept Application #
ACP 5 Fee $_____

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signature and seal are required. Submittal at the NYCDEP requires one copy of the form with original signature and seal.

2. Facility Address _____ Borough _____ Zip _____
AKA _____ 3. Block _____ 4. Lot _____
5. Building Owner _____ Tel. # _____
6. Address _____ State _____ Zip _____
7. Contact Person _____ 8. Tel. # _____
9. Description of the Entire Scope of Work
_____
_____
10. Est. Start Date _____ ☐ As soon as permit approved Est. Completion Date _____ of the Entire Scope of Work
11. I, _____ (Name of Certified Asbestos Investigator), have conducted an asbestos investigation on _____ (Date) in accordance with Sections 1-16 and 1-27 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

☐ a. premise to be demolished is free of any asbestos containing material (ACM).
☐ b. premise to be demolished contains 10 square feet or less or 25 linear feet or less of ACM.
☐ c. cumulative surfaces of structure(s) affected by the work are free of ACM.
☐ d. cumulative surfaces of structure(s) affected by the work contain 10 square feet or less or 25 linear feet or less of ACM
☐ e. normally non-friable ACM shall be disturbed/removed. Specify amount: _____ square feet
☐ f. ACM will not be disturbed during the scope of work. Specify amount of ACM present: _____ square feet _____ linear feet

All ACM specified in "b", "d", or "e" must be removed in accordance with the DEP Asbestos Rules or NYS DOL ICR56.*

12. RESULTS OF BUILDING SURVEY AND HAZARD ASSESSMENT:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT YES	ASBESTOS PRESENT NO	ASSUMED ACM

13. Analytical Laboratory _____
14. ELAP # _____ (NYS DOH CERTIFICATION) 15. Date(s) Samples Analyzed _____ _____
16. I hereby declare the information provided herein is true and complete.

_____ (NYC DEP Certified Asbestos Investigator's Signature) _____ (Certificate Number) _____ (Date) _____ (Daytime Telephone Number)

Any modification or deviation from information provided on this form must be reported immediately in writing directly to the NYCDEP. The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

* In-plant operations, as defined in §56-3.1 of ICR56, are not permitted in New York City.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

ACP5
3/2001

ASBESTOS

CODE RULE 56

Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Cited as 12 NYCRR Part 56)

As Amended
Adopted January 11, 2006 - Effective September 5, 2006

State of New York Department of Labor

SUBPART 56-1
GENERAL PROVISIONS

56-1.1 Title and Citation. Within and for the purposes of the Department of Labor, this Part may be known as Industrial Code Rule 56, relating to hazards to the public safety and health, during the removal, encapsulation, enclosure, repair, or the disturbance of friable and non-friable asbestos fiber. It may be cited as Rule 56 Asbestos as an alternative and without prejudice to its designation and citation established by the Secretary of State.

56-1.2 Purpose and Intent of Part.

(a) Legislative Concern. The legislature has declared that exposure to asbestos fibers, a known carcinogenic agent, creates a serious risk to the public safety and health and that the public is more frequently exposed to these risks as a result of an increasing number of rehabilitation, reconstruction and demolition projects on buildings or structures containing asbestos or asbestos materials.

(continued on other side)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE ☐ N / A						E.L. EACH ACCIDENT	$
	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Inc. Village of Massapequa Park is included as an additional insured for work completed at:

CERTIFICATE HOLDER

Inc. Village of Massapequa Park - Village Hall
151 Front Street
Massapequa Park, NY 11762

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Form C-105.2

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only)	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured
Work Location of Insured *(Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)*	1d. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier 3b. Policy Number of entity listed in box "1" 3c. Policy effective period 4. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) excluded or certain partners/officers excluded.

This certifies that the insurance carrier listed above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To be valid this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are any reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (Notices may be sent by regular mail.) ***Otherwise, this Certificate is valid for one year after this form is approved by the Insurance Carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.***

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: _____
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____
(Signature) (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

Please Note: *Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.*

Form CE-200

Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage

This form cannot be used to waive the workers' compensation rights or obligations of any party.

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of
(Legal Entity Name and Address):

JOHN SMITH
123 MAIN STREET
ALBANY, NY 12207
111-111-1111
Federal ID Number: XXXXX6789

Business Applying For:
BUILDING PERMIT

From: CITY OF ALBANY, DEPT OF BUILDING AND CODES

The location of where work will be performed is
123 ACME AVENUE, ALBANY, NY 12203.

Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009.

The estimated dollar amount of project is $25,001 - $50,000

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation, or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date:

Exemption Certificate Number
2008-00197

Received
October 2, 2008
NYS Workers' Compensation Board

CE-200 (Draft: 06/02/08)

Village of Massapequa Park, NY
Thursday, November 5, 2020

Chapter 154. Fire Prevention and Building Construction

Article II. Permits

§ 154-18. Cash deposit or bond.

A. A surety bond in the amount of a minimum of $500 or a cash deposit in that amount for one dwelling, or, in the case of a building operation, a bond not exceeding 10% of the estimated cost of the work shall be furnished with each application for each main structure covered in a building permit for new construction. The bond shall be retained by the village until the proposed structure or structures are completed and certificates of occupancy issued. In the event that the structure or structures are not completed by the applicant, the bond shall be used to defray the expense of removing the incomplete structure or structures and filling excavations. The salvaged material shall thereupon become the property of the village. If any work is done by the village to the applicant's premises to make them conform to the requirements of this chapter, no money shall be refunded from said bond. If proposed construction is abandoned, the village shall refund the deposit or cancel the bond if the applicant restores the property to its original condition to the satisfaction of the Village Board of Trustees or its authorized representative. A structure shall be considered abandoned when a certificate of occupancy has not been issued and no work has been done thereon for a period of one year. In all cases, all work shall be completed under a building permit issued within two years of issuance.
[Amended 1-7-1991 by L.L. No. 1-1991]

B. A building permit which remains open after the two-year expiration date must be renewed with the Building Department for a fee of $250 and accompany a renewal application. The $250 fee may be deducted from the bond held by the Village or paid separately. The renewal of a building permit will carry a one-time three-month extension. Failure to comply with this provision will result in a summons. For building permits issued prior to the effective date of this subsection, a three-month grace period will be permitted, at the end of which time a three-month extension will be granted provided an application for renewal is filed with a fee of $250. Failure to comply with this provision will result in a summons.

[Added 4-16-2007 by L.L. No. 5-2007[1]]

[1] *Editor's Note: This local law also redesignated former Subsection B as Subsection C.*

C. A surety bond, in form and amount to be determined by the Building Inspector, shall be filed with each application for a permit to demolish. The bond shall be in sufficient amount to defray the expense of completing the demolition to one foot below the grade of surrounding ground level and the removal of demolished buildings, walls or other structures and the repairing of possible damage by virtue of such demolition to streets, curbs and sidewalks. The bond shall also be in sufficient amount to defray the expense of such filling, grading and seeding as may be required in the discretion of the Building Inspector in such demolition permit. No sum shall be deducted from the amount of such bond for salvage. The bond shall be retained by the village until the proposed demolition and all related work required by the Building Inspector is completed. In the event that the demolition and related work is not completed within the time limit set forth in said permit, as it may be extended pursuant to § **154-16B**, the Board of Trustees may cause so much of such demolition work to be completed as it deems necessary and shall use the proceeds from the surety bond posted by the applicant to defray the expenses thereof. If the proposed demolition is

abandoned and the applicant restores the property and the remaining buildings, walls and other structures thereon to the satisfaction of the Board of Trustees, the village shall cancel the bond. [Added 8-29-1977 by L.L. No. 8-1977]

Telephone 516-798-0244 Fax 516-798-6106

Incorporated Village of Massapequa Park
VILLAGE HALL, 151 FRONT STREET, MASSAPEQUA PARK, NEW YORK 11762-2794
WEBSITE: www.masspk.com

BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

Filing Fee: $30.00

MUST BE SUBMITTED IN DUPLICATE WITH DUPLICATE SET OF PLANS, INCLUDING SURVEY AND SPECIFICATIONS Date: _____

Project Address: _____ Section: _____ Block: _____ Lot: _____

Name of Applicant/Owner: _____ Phone/Cell No: _____

Address: _____ E-mail: _____

DESCRIPTION OF WORK: _____

_____

_____

New York State Department of Labor requires a survey of the Building to identify the presence of asbestos prior to commencing any demolition work. The survey must be completed by a licensed asbestos contractor. The following buildings are exempt: (a) An agricultural building, (b) Buildings with original construction on/or after January 1,1974 and (c) A structure certified in writing to be structurally unsound by a licensed design professional or an official of competent jurisdiction.

COST OF CONSTRUCTION: _____ Dimensions of Lot (i.e. 75' x 100'): _____

DESCRIPTION OF EXISTING BUILDING (i.e. 1800 sq. ft., 3 bedroom, 2 bath, finished basement, 1 story commercial bldg)

_____

_____

I, _____, state that I am the current owner of the property known as _____, that all statements made in this application are true to the best of my knowledge and belief and that the full name and address of the contractor is as follows:

Contractor: _____ **Address:** _____
(If, Corporation, give name of President & Telephone No.)

Phone No.: _____ **Cell No.:** _____

_____
Property Owners Signature

*****FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK*****

Continue on to page 2

Telephone 516-798-0244 Fax 516-798-6106

Project Address: _____ Section: _____ Block: _____ Lot: _____

Name of Applicant/Owner: _____ Phone/Cell No: _____

****

FOR OFFICE USE ONLY

Approved: _____ *Building Permit Fee:* _____

Rejected: _____

_____
Building Inspector

****

Date: _____ Building Permit No. _____ Plumbing Permit No. _____

Construction Bond Receipt No: _____ Date: _____

Refund Bond to: _____

Telephone 516-798-0244 Fax 516-798-6106

Incorporated Village of Massapequa Park
VILLAGE HALL, 151 FRONT STREET, MASSAPEQUA PARK, NEW YORK 11762-2794
WEBSITE: www.masspk.com

BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

Filing Fee: $30.00

MUST BE SUBMITTED IN DUPLICATE WITH DUPLICATE SET OF PLANS, INCLUDING SURVEY AND SPECIFICATIONS

Date: _____

Project Address: _____ Section: _____ Block: _____ Lot: _____

Name of Applicant/Owner: _____ Phone/Cell No: _____

Address: _____ E-mail: _____

DESCRIPTION OF WORK: _____

_____

_____

New York State Department of Labor requires a survey of the Building to identify the presence of asbestos prior to commencing any demolition work. The survey must be completed by a licensed asbestos contractor. The following buildings are exempt: (a) An agricultural building, (b) Buildings with original construction on/or after January 1,1974 and (c) A structure certified in writing to be structurally unsound by a licensed design professional or an official of competent jurisdiction.

COST OF CONSTRUCTION: _____ Dimensions of Lot (i.e. 75' x 100'): _____

DESCRIPTION OF EXISTING BUILDING (i.e. 1800 sq. ft., 3 bedroom, 2 bath, finished basement, 1 story commercial bldg)

_____

_____

I, _____, state that I am the current owner of the property known as _____, that all statements made in this application are true to the best of my knowledge and belief and that the full name and address of the contractor is as follows:

Contractor: _____ **Address:** _____
(If, Corporation, give name of President & Telephone No.)

Phone No.: _____ **Cell No.:** _____

_____
Property Owners Signature

*****FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK*****

Continue on to page 2

Project Address: _____ Section: _____ Block: _____ Lot: _____

Name of Applicant/Owner: _____ Phone/Cell No: _____

****

FOR OFFICE USE ONLY

Approved: _____ *Building Permit Fee:* _____

Rejected: _____

_____
Building Inspector

****

Date: _____ Building Permit No. _____ Plumbing Permit No. _____

Construction Bond Receipt No: _____ Date: _____

Refund Bond to: _____

Telephone 516-798-0244 Fax 516-798-6106

Incorporated Village of Massapequa Park
VILLAGE HALL, 151 FRONT STREET, MASSAPEQUA PARK, NEW YORK 11762-2794
WEBSITE: www.masspk.com

BUILDING DEPARTMENT

Fee: $30.00

APPLICATION FOR PLUMBING FIXTURES

Not for miscellaneous work or gas conversions

All plumbers must be licensed with the Village of Massapequa Park
Plumbing permit fee will be determined by the Building Inspector

1. ALL CONSTRUCTION AS OF MAY 12, 2020 MUST MEET ALL 2020 NEW YORK STATE CODES.
2. $30 Filing Fee **MUST** accompany each application. Checks must be made out to the Incorporated Village of Massapequa Park. Once application is approved you will be notified by mail of Plumbing Permit Fee.
3. Detailed schematic diagram, drawn where indicated on the reverse side of application.
4. **Homeowner must sign** Plumbing Permit Application.
5. All provisions of the Building and Zoning Code must be complied with whether specified herein or not.

SECTION: _____ **BLOCK:** _____ **LOT(S):** _____ **Date:** _____

OWNER'S NAME: _____ **ADDRESS:** _____

OWNER'S SIGNATURE: _____

PLUMBER'S NAME: _____ **LIC. #:** _____

PLUMBER'S ADDRESS: _____

PLUMBER'S SIGNATURE _____

TYPE OF BUILDING:

Residential: _____ **Proposed:** _____ **Commercial:** _____ **Maintained:** _____

Number of Fixtures: _____ **Kitchen Sink:** **New:** _____ **Relocated:** _____

	Basement	1st	2nd	3rd	4th
Water Closet					
Lavatory					
Bath Tub					
Shower					
Kitchen Sink					
Dishwasher					
Laundry Tub					
Slop Sink					
Indirect Waste					
Urinal					
Other					

PLUMBING PERMIT NO.: _____ **ESTIMATED COST: $** _____

_____
Building Inspector Signature

**********Draw Schematic Diagram Below (must indicate type of piping, size, runs, venting)** **********