OLD WESTBURY SOLAR ENERGY BUILDING PERMIT

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION FOR THE PERMIT.

- TWO COPIES OF THE BUILDING PERMIT SPECIFYING WHAT IS BEING DONE.
- A CERTIFICATE OF OCCUPANCY FORM
- BOARD OF ASSESSORS FORM
- 2 SETS OF PLANS
- TWO COPIES OF SEALED/SIGNED ENGINEER'S STRUCTURAL REPORT.
- A ONE LINE ELECTRICAL DIAGRAM
- SPEC SHEETS OF THE SOLAR PANELS
- SPEC SHEETS OF THE INVERTER
- NASSAU COUNTY HOME IMPROVEMENT LICENSE
- CONTRACTOR'S CERTIFICATE OF LIABILITY INSURANCE.
- CONTRACTOR'S CERTIFICATE OF WORKER'S COMPENSATION INSURANCE.
- INSTALLATION MANAGER'S MASTER ELECTRICIAN'S LICENSE.
- APPLICATION FEE ($150), PERMIT FEE ($1,000), CERTIFICATE OF OCCUPANCY FEE ($250) AND INFRASTRUCTURE FEES ($1,200)
  TWO CHECKS: $250 and $2,350

§ 216-154. Matters to be referred to Planning Board Sub-Committee.

A. Prior to the issuance of a building permit for installation of a solar panel or panels, either freestanding or in any manner attached to any structure, the applicant shall file with the Committee a copy of the plans for the proposed solar panel installation.

The Planning Board Sub-Committee application fee is $500.00, and the board meets the third Thursday of the month.

All Applications are due the second Thursday of the month.

Permit No. _____ Permit Fee _____ Date _____ Job _____

INC. VILLAGE OF OLD WESTBURY
APPLICATION FOR RESIDENTIAL SOLAR PERMIT

No building permits shall be issued without proper Board resolutions.

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

Owner's Last Name:_____ First Name: _____

Address:_____

Home Phone: _____ Business Phone: _____

Contact for Permit: _____ Telephone: _____

Zoning District: _____ Proposed % of Lot Coverage: _____

Planning/BZA Approval?: ( ) Yes ( ) No Site Plan Review?: ( ) Yes ( ) No

Estimated Cost of Proposed Construction: _____

Address Location of Permit _____

Description of Work: _____

_____

Proof of General Liability and Workers' Compensation Insurance for each of the below.

Architect: _____ License No: _____

Address: _____ Phone No: _____

Contractor: _____ License No: _____

Address: _____ Phone No: _____

Plumber: _____ License No: _____

Address: _____ Phone No: _____

Electrician: _____ License No: _____

Address: _____ Phone No: _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY/COMPLETION VILLAGE OF OLD WESTBURY NEW YORK

Certificate No.: _____ Application Date: _____

Issued Date: _____ Type: _____

No certificate will be issued unless all final requirements stamped on building plans are met. This includes a final survey, done by a licensed surveyor, electrical underwriter's certificate from Village approved electrical inspector, architect's certification letter and final inspection done by Village Superintendent of Buildings and Public Works. The undersigned, as owner, or agent for owner, (circle one) will request that final inspection to be made and a Certificate of Occupancy/Completion be issued for the (new/altered) building at the following location after all completed requirements are made.

Section: _____ Block: _____ Lot: _____

Street: _____

Building Permit No. _____

Issue Date: _____

Signature: _____

Address: _____

_____

Phone: _____

Email: _____

INCORPORATED VILLAGE OF OLD WESTBURY
1 STORE HILL ROAD
OLD WESTBURY, NY 11568
ASSESSOR'S FORM

Section: _____ Block: _____ Lot: _____ Zone: _____ Date: _____

Address of Construction _____

Property description: Residential ☐ Commercial ☐ Other ☐

Existing conditions (photo required):

Lot: size _____ sq. ft. Coverage: _____ sq. ft.

Floor Area: _____ sq. ft. Number of Stories: _____

Bathrooms: full _____ half _____ Kitchen: Renovate ☐ New ☐

Garage: Number of cars _____ A/C units: _____

Pool: ☐ Gunite or ☐ Vinyl _____ sq. ft. Deck: _____ sq. ft.

Description of Work: _____

Alteration ☐ Addition ☐ New construction ☐ Demo ☐ Pool ☐

Proposed Conditions (photo or rendering required):

Lot Coverage: _____ sq. ft. Floor Area: _____ sq. ft.

First Floor: _____ sq. ft. Second Floor: _____ sq. ft.

Basement: _____ sq. ft. Number of Stories: _____

Bathrooms: full _____ half _____ Bathrooms: Renovate ☐ New ☐

Kitchen: Renovate ☐ New ☐ A/C units: _____

Fireplace(s): _____ Central air unit(s): _____

Basement: Full ☐ Partial ☐ Finished: _____ %

Garage: Number of cars _____ Garage: Attached ☐ Under ☐

Pool: ☐ Gunite or ☐ Vinyl _____ sq. ft. Deck: _____ sq. ft.

Official Use Only

Permit date _____ **Percent completed** _____ **Date** _____

Exterior _____ **Interior finish** _____ _____

_____ _____ _____

BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

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 _____

CITY, TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION:

Check one
- ☐ OWNER OR ☐ LESSEE

NAME OF BUSINESS _____

CONTACT PERSON/OWNER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

WORK MUST BEGIN BY _____

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

PRINCIPLE TYPE OF CONSTRUCTION
- ☐ STEEL
- ☐ MASONRY
- ☐ FRAME

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

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ MAINTAIN (PRE-EXISTING)
- ☐ RECONSTRUCTION
- ☐ DECK, TERRACE, PORCH, CARPORT
- ☐ DORMERS
- ☐ OTHER _____
- ☐ FIRE DAMAGE
- ☐ GARAGE/ OUT BUILDING
- ☐ HVAC
- ☐ PLUMBING
- ☐ RELOCATION
- ☐ REPLACEMENT
- ☐ SWIMMING POOL
- ☐ TENNIS COURT
- ☐ CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES ☐ NO ☐

FINISHED ATTIC YES ☐ NO ☐

BASEMENT FINISH

1/4 ☐ 1/2 ☐ 3/4 ☐ FULL ☐

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

Rev 08/11

TOWN _____ SCHOOL DISTRICT _____ SECTION _____ BLOCK _____ LOT(S) _____ CA # OR BLDG # _____ UNIT # _____ DATE _____