



INC. VILLAGE OF SOUTH FLORAL PARK

Stoop #50

SIDEWALK / DRIVEWAY / APRON / STOOP PERMIT

Sidewalk
fee \$75.00

GENERAL INFORMATION

- All Permits issued are valid for one (1) year from date of issue.
- Permits are issued as soon as possible after submission of all required documents. DEPENDING ON SCHEDULING, IT MAY TAKE TWO OR MORE WEEKS FOR APPROVAL. You will be notified when your application is approved or denied. If approved, you may pick up your permit upon payment in full of the permit fee.
- All Village and New York State Building codes must be met.
- No permit will be issued if the applicant, business, or a principle of the corporation submitting the application has any outstanding unpaid violations due the Village.
- Inspections will be required before the pouring of concrete.

REQUIRED DOCUMENTATION: The following information is required to be submitted with the application. Any missing information will delay the application process.

1. Completed Application with all blanks filled in and statement on back signed and notarized. If an item is "not applicable" note as N/A. Leave no blanks.
2. Permit Fee
3. Copy of the property survey (plot plan) showing the location of the work or if not available, a simple drawing/sketch of the property showing the location of the work.
4. Copy of the current Nassau County Consumer Affairs License of any contractor named on the permit application.
5. If work is being performed by a Contractor, the contractor must provide insurance indemnifying the Village including proof of Liability Insurance, Disability and Workman's Compensation Insurance.
6. If work is being performed by the homeowner, a form that is provided by the Village must be completed stating the work is being performed by the homeowner.

Upon receipt of the foregoing information, your requests for these permits will be reviewed.

Upon issuance of the permit it is the responsibility of the permit holder to request inspections. An appointment may be made by contacting the Village Building Department to schedule an inspection appointment. Please allow at least 72 hours notice to schedule an inspection. The phone number is 516-352-8047. On the REVERSE side of this page is additional information.

INSURANCE REQUIREMENTS FOR CONSTRUCTION OPERATIONS

WORKERS COMPENSATION

Coverage	Statutory
Extensions	Voluntary compensation All states coverage employers Employers liability - unlimited
Notice of Cancellation	30 Days
Evidence	Certificate of Insurance

COMPREHENSIVE LIABILITY

Coverage	Occurrence - 1988 ISO or equivalent
Limits	General Aggregate \$2,000,000 Products - comp/Ops Aggreg \$1,000,000 Pers. & Advert. Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Damage (Any One Fire) \$ 50,000 Medical Exp. (Any One Pers.) \$ 5,000
Notice of Cancellation	30 Days
Additional Insured	Inc. Inc. Village of South Floral Park, all elected and appointed officials, employees and volunteers using ISO Form CG2010 (B) or equivalent.
Evidence	Certificate of Insurance and copy of additional insured endorsement

OWNERS PROTECTIVE

Coverage	Occurrence
Limits	Minimum Limit - \$1,000,000 CSL
Premium Payment	Responsibility of Contractor
Policy Period	Start of project and until project is accepted as completed by owner
Notice of Cancellation	30 Days
Evidence	1) Certificate of Insurance 2) Copy of Binder 3) Copy of original policy to be delivered within 45 days of start of project



INC. VILLAGE OF SOUTH FLORAL PARK

SIDEWALK / DRIVEWAY / APRON / STOOP PERMIT APPLICATION

*** See general information sheet for information and requirements. ***
PAGE ONE --- COMPLETE BOTH SIDES OF THIS APPLICATION

DATE: _____

PROPERTY INFORMATION:

SECTION: 32 BLOCK: _____ LOTS: _____

OWNER'S LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

APPLICANT (if different) LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DESCRIPTION OF WORK: _____

CONTRACTOR:

NAME: _____ LIC#: _____ *

BUSINESS NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

**Attach a copy of the current license showing proof of ability to work in the County of Nassau*

OFFICE USE ONLY

Violation File Checked: _____ Documentation Required Received: _____

Application Rec'd. By: _____

Fee Paid: _____

Date Building Dept Approved: _____

Permit #: _____ Date Issued: _____

Issued By: _____

588 Roquette Avenue • South Floral Park, NY 11001
Tel: (516) 352-8047 • Fax: (516) 352-0651 • building@southfloralpark.org
www.southfloralpark.org



INC. VILLAGE OF SOUTH FLORAL PARK

BUILDING DEPARTMENT
OWNER'S AUTHORIZATION

I (we) hereby certify that:

- 1) The information provided on this permit application is true and correct. I understand that the Village of South Floral Park will approve or deny a permit based on the information provided.
- 2) I agree to permit the Building Inspector and any officer or employee of the Village of South Floral Park to enter upon the premises in the discharge of their duties with this application.
- 3) Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
- 4) Building Inspector will be given a minimum of 48 hours notice to make the required inspection and no work will continue until such inspection has been completed and approved.
- 5) Owner or his representative will be responsible to arrange for all required inspections.

State of New York
County of Nassau

Property Owner - Please Print

Property Owner deposes and says that he/she resides at:

in the State of _____, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey Section 32 Block _____ Lot(s) _____ situated, lying and being within the Village of South Floral Park; that I/we have read and understand items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names _____ as his/her representative to file this application on his/her behalf.

Signature of Owner _____

Sworn to me this _____ day of _____ 20 _____

Signature/stamp of Notary Public _____



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

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF:

NEHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION
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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

CONTACT PERSON/OWNER

ESTIMATED COST OF CONSTRUCTION:

☐ OWNER
OR
☐ LESSEE

ADDRESS

CITY, STATE, ZIP

WORK MUST BEGIN BY

PRINCIPLE TYPE OF CONSTRUCTION

☐ STEEL

☐ MASONRY

☐ FRAME

PHONE

EMAIL

PERMIT EXP DATE

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

- ☐ 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

FIELD REPORT ON REVERSE

Address of Applicant/Contact Person

Telephone



HOMEOWNER CERTIFICATION
**FOR WORK BEING PERFORMED BY THE
HOMEOWNER WITHOUT A CONTRACTOR**

It is at the discretion of the building Inspector to issue building/plumbing permits to a homeowner for
work being performed by the homeowner without a licensed contractor

NAME(S): _____

STREET: _____ CITY: **SOUTH FLORAL PARK** STATE: NY ZIP: **11001**

I/WE _____, as owner(s) of the property

known as _____ located in the Village of South Floral Park

do hereby depose that I/we are performing demolition/construction work on said property and
that I/we will not be employing the services of any contractors or subcontractors and no
remuneration will be given for any work performed. It is my/our understanding that no person(s)
other than me will be working on this project and that said work will not require generally
mandated forms of insurance. In consideration thereof and as the property owner(s). I/We agree
to save, defend, indemnify and hold harmless the Inc. Village of South Floral Park, its
employees, agents or representatives against any damages resulting from this
demolition/construction.

**I certify by my signature that I have read the above statements and understand the content and consequences
thereof**

Owner #1 Signature

Owner #2 Signature (if applicable)

Owner #1 Print Name

Owner #2 Print Name (if applicable)

Sworn to before me

Sworn to before me

this _____ day of _____, 20____

this _____ day of _____, 20____

Notary Signature

Notary Signature

This form to be accompanied by the front page of your homeowners' policy showing policy date and signed and notarized
form BP-1



Inc. Village of South Floral Park

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3, 4 Family, Owner occupied residence (including condominium) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriated box):

- ☐ I am performing all the work for which the building permit was issued
- ☐ I am **NOT** hiring, paying or comensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a home-owner insurance policy that is currently in effect and covers the property listd on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ☐ Acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for eork indicated on the building permit, or if appropriate, file a CE-200 Exemption form; OR
- ☐ have a general contractor, performing the work on the 1,2,3, or 4 family, owner occupies residence (including condominiums) listed on the building permit that i am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the work indicated in the building permit.

_____	09/27/2024
(Signature of Homeowner)	Date Signed
_____	Telephone_____
(Homeowner's Name Printed)	

Property Address that requires the building permit: _____

Sworn to before me

this_____day of _____, 20____

(County Clerk of Notary Public)