NASSAU COUNTY DEPARTMENT OF HEALTH
Office of Community Sanitation
200 County Seat Drive
Mineola, New York 11501
516-227-9715
RODENT FREE CERTIFICATION BEFORE DEMOLITION APPLICATION

RODENT FREE APPLICATION DEMOLITION LOG #

D

FOR OFFICE USE ONLY

DATE RECEIVED:	ASSIGNED TO :

PAYMENT TYPE:

Bank ☐ Check	ID#
Money Order ☐	ID#

DEMOLITION LOCATION INFO

STREET ADDRESS

VILLAGE

CROSS STREET	*SECTION*	*BLOCK*	*LOT(S)*

DEMOLITION TYPE

COMPLETE DEMOLITION ☐ *ALL* Building(s) / Structure(s) to be Demolished	*PARTIAL DEMOLITION* ☐ *ONLY a Portion* of the Building(s)/ Structure(s) is to be Demolished*

* *ON PARTIAL DEMOLITIONS - List the Structures(s) to be Demolished*	

PROPERTY USAGE

Residential ☐	Industrial ☐	Commercial ☐	Mixed Use (Describe) ☐

DISCONNECT INFORMATION

Water		Electric		Gas		Sewer		Fuel Oil Tank	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

FUEL OIL TANK(S) INFORMATION

Underground Tank(s)		Aboveground Tank(s)		# of Tanks	Tank Size	Tank Removed		Tank Removal Date
Yes	No	Yes	No			Yes	No	
☐	☐	☐	☐			☐	☐	

GROUND DISTURBANCE ON PROPERTY PRIOR TO THE RODENT FREE INSPECTION

ANY WORK DONE on Property *PRIOR* to this APPLICATION?	YES * ☐	NONE ☐
**LIST* *The GROUND DISTURBANCE WORK done on the Property :*		

ACCESS AND SAFETY

ANY Construction Gates/ Barriers surrounding Property that can prevent entry to property?	YES* ☐	NO ☐
NEED a KEY OR LOCK CODE to enter?	YES* ☐	NO ☐
**List* Location of the KEY - or - **List* Lock Code for entry:		
Is it *SAFE* to walk around Property, Building(s) or Structure(s)?	YES ☐	NO* ☐
**LIST* *ALL Physical Hazards on the Property:*		

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