PERMIT NO.: _____ Issue Date: _____ Fee $: _____ EXP. Date: _____

DRB Approval Date: _____ Fee $: _____ C of O/C No.: _____ Issue Date: _____

THIS APPLICATION, WHEN APPROVED BY THE BUILDING INSPECTOR, BECOMES YOUR PERMIT

APPLICATION FOR BUILDING PERMIT

INCORPORATED VILLAGE OF PLANDOME

65 SOUTH DRIVE - P.O. BOX 930, PLANDOME, N.Y. 11030
(516) 627-1748 * Fax: (516) 627-8419
Building Department No. 516-627-1733 * Office Hours: 8:00 AM-12 Noon, Monday - Thursday

Application is hereby made to the Village of Plandome for approval of this application and plans submitted herewith for the work described herein pursuant to the Code of the Village. PLEASE COMPLETELY FILL OUT IN DUPLICATE; TYPE OR PRINT. NOTE: Building Permit applications for new structures and for alterations involving exterior changes, including fences, sheds, retaining walls or anything located on the property outside the building, the application must also be reviewed and approved by the Design Review Board.

New Building ___ Addition ___ Alteration ___ Fence ___ Deck ___ Driveway ___ Patio/Terrace ___ Demolition ___

Accessory Structure ___ Swimming Pool ___ Retaining Wall ___ Fill (over 50 cu. yds.) ___ Other _____

A. PROPERTY INFORMATION:

ADDRESS _____

SECTION _____ BLOCK _____ LOT(S) _____ ZONING DISTRICT: _____

B. DESCRIPTION OF WORK TO BE DONE: _____

_____

_____ CONSTRUCTION COST: $ _____

C. OWNER / ARCHITECT / CONTRACTOR INFORMATION

Owners Name: _____ Home Tel. (___) _____

Address: _____ Bus. Tel. (___) _____

Applicants Name: _____ Home Tel. (___) _____

Address: _____ Bus. Tel. (___) _____

Architects Name: _____ Home Tel. (___) _____

Address: _____ Bus. Tel. (___) _____

Contractors Name: _____ Home Tel. (___) _____

Business Name: _____ Bus. Tel. (___) _____

Address: _____

D. AREA OF BUILDINGS & STRUCTURES ON LOT (SQUARE FEET)

BUILDING/STRUCTURE	EXISTING AREA	PROPOSED AREA	TOTAL EXISTING & PROPOSED
Dwelling			
Other (identify each):			

E. ZONING CALCULATIONS

CODE SEC.	ITEM	ALLOWABLE/REQUIRED	EXISTING	PROPOSED
175-15	MIN. LOT AREA			
175-15	MAX. BLDG. AREA			
175-15	MAX. HEIGHT – PRINCIPAL MAX. HEIGHT – ACCESSORY	30' (2.5 stories) / 35' (ridge) 11' (flat) /12.5' (peaked) /16' (ridge)	_____ _____	_____ _____
175-15	MIN. FRONT YARD			
175-15	MIN. SIDE YARD	20 feet		
175-15	MIN. REAR YARD	20 feet		
175-15	MAX. GROSS FLOOR AREA (SEE TABLE II)			
175-15	MAX. NON-VEGETATIVE SURFACE (SEE TABLE III)	front yard: _____ side & rear yards: _____	_____ _____	_____ _____
175-15	MAX. HEIGHT SETB ACK RATIO (SEE TABLE IV)	0.8 :1 (front) /1.0:1(rear) /1.2:1(side)		

(Note: when clarity dictates, diagrams must accompany above calculations)

F. STATEMENT OF ALL ITEMS REQUESTED AS PART OF THIS APPLICATION THAT ARE NOT IN COMPLIANCE WITH VILLAGE CODE OR OTHER APPLICABLE LAWS:

_____

_____

G. OWNER CERTIFICATION

_____ states that __he resides at _____ Plandome, in
print name (& title if officer of company)

County of Nassau, State of New York, and that __he is the owner* of the premises described in this application and as shown on the Nassau County Tax Map as Section _____, Block No. _____, Lot(s) _____

BY SIGNING BELOW OWNER CERTIFIES, under the penalty of perjury, that: 1) all information provided in this application and accompanying documents is accurate and true. 2) that by signing below said owner consents to allow the Building Inspector to enter the premises for inspection purposes and to allow the Village to enter into and restore the premises pursuant to §175-49, and 3) THAT THE PROPOSED WORK COMPLIES WITH ALL PROVISIONS OF THE PLANDOME ZONING CODE, THE NEW YORK STATE FIRE PREVENTION & BUILDING CODE AND ALL OTHER APPLICABLE STATUTES, ORDINANCES, RULES AND REGULATIONS – OR – **ANY EXCEPTIONS TO SAME ARE SPECIFICALLY NOTED ABOVE –– CHECK HERE** ☐

_____

* state full name and address of any person having an interest in the property as owner, tenant or otherwise.

Sworn to before me this __day of _____ 201__.

_____
(Owner Signature & Date)

_____
(Notary Signature & Stamp)

H. ARCHITECT CERTIFICATION

BY SIGNING BELOW ARCHITECT CERTIFIES, under the penalty of perjury, that: __he is the Architect for the project at _____ Plandome and that ALL ITEM S REQUESTED AS PART OF THIS APPLICATION THAT ARE NOT IN COMPLIANCE WITH VILLAGE CODE OR OTHER APPLICABLE LAWS are fully and completely identified in paragraph "F" above.

Sworn to before me this ____day of _____201__.

_____
(Architect Print Name)

_____
(Architect Signature & Date)

_____
(Notary Signature & Stamp)

I. CONDITIONS / APPROVAL / DENIAL

The following CONDITIONS AND REQUIREMENTS must be met before a Certificate of Occupancy will be issued for the work described herein. APPLICANT IS DIRECTED TO CHAPTER 175 OF THE VILLAGE CODE.

1. Approval is contingent upon compliance with all provisions of the NYS Energy Conservation Construction Code and evidence of same must be certified by a Professional Engineer or Registered Architect.
2. Construction must be in conformity with the Plandome Code and the NYS Building Construction Code.
3. Fire Warning System must be installed pursuant to NYS Building Construction Code.
4. Fire Underwriters Electrical Certificate and Final Survey must be filed.
6. Owner/Builder must call for inspections as identified.
7. The Building Inspector (and any Assistant Building Inspector) shall have the right, for reasons of public health or safety, at any reasonable hour, upon the showing of proper credentials and in the discharge of his duties, to enter upon any building, structure or premises for which a building permit has been issued; and no person or animal shall interfere with or prevent such entry. The application for a building permit shall be conclusively deemed consent to the aforementioned entry.
8. All approved work must be substantially commenced within 90 days of issue date of permit and completed within nine (9) months. The permit shall expire without notice. Extensions may be granted pursuant to the code if requested prior to the expiration of the permit.
9. Separate permits are required for Street Openings, Curb Cuts and Sidewalk Openings.

FOR BUILDING INSPECTOR APPROVAL (Not Valid Unless Stamped and Signed here)	FOR BUILDING INSPECTOR DENIAL
Signed: _____	Reason _____
Date: _____	Signed: _____
	Date: _____

J. THIS APPLICATION IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE FOLLOWING:

☐ Board of Appeals Order Dated _____ Planning Board Order Dated _____ ☐

☐ Board of Trustees Order Dated _____ Design Review Board Order Dated _____ ☐

K. INSPECTIONS

See attached schedule → must request from Building Inspector if not attached – minimum 24 hours notice required for all inspections!

L. CERTIFICATE OF OCCUPANCY

It shall be unlawful to use or permit the use of any building or part thereof unless a Certificate of Occupancy has been issued.

THIS PERMIT & APPROVED PLANS MUST BE KEPT AT WORK SITE.

jtr:10/6/10

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

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

SCHOOL DISTRICT

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	☐ OWNER OR ☐ LESSEE	CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:			ADDRESS
			CITY, STATE, ZIP
WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION		PHONE
PERMIT EXP DATE	☐ STEEL		EMAIL
LOT SIZE S.F.	☐ MASONRY	IF YOU WISH TO GROUP OR APPORTION LOTS	
# BLDGS ON LOT	☐ FRAME	PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	

SECTION

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

BLOCK

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY

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

LOT(S)

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

CA # OR BLDG #

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 ☐

UNIT #

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE

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

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION

RESIDENTIAL ONLY

PROPERTY OWNER: _____ **TAX MAP NO.(SBL)** _____

PROPERTY ADDRESS: _____

☐NEW DWELLING ☐ADDITION ☐ALTERATION ☐REPAIR
☐ACCESSORY STRUCTURE

☐TRUSS TYPE CONSTRUCTION (TT) ☐PRE-ENGINEERED WOOD CONSTRUCTION (PW)
☐TIMBER CONSTRUCTION (TC)

☐FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS (F) ☐ROOF FRAMING (R)
☐ FLOOR FRAMING AND ROOF FRAMING (FR)

I, _____ as the _____
print name *Contractor, Owner(notary required) - Architect, Engineer(seal/stamp required)*

Signature _____

Sworn before me:

This ____day of _____, 20____

_____
Notary Public

Architects/Enginer Seal