INC. VILLAGE OF WESTBURY
BUILDING DEPARTMENT
235 Lincoln Place, Westbury, NY 11590
516-334-1700 Fax: 516-334-7388
buildingsdept@villageofwestbury.gov

BUILDING PERMIT APPLICATION

☐ **COMMERCIAL**

☐ **RESIDENTIAL**

I. PROPERTY LOCATION: _____ **SEC.** _____ **BLK.** _____ **LOT(S)** _____

ZONE: _____ **N.E.S.W side of** _____ **feet N.E.S.W.** _____
Or N.E.S.W corner of _____ **&** _____

II. (A) OWNER / APPLICANT: ***To be completed by all parties (if applicable*)***

NAME	ADDRESS	ZIP	TELEPHONE

Owner _____

^Contractor _____

Plumber & Lic. # _____

Electrician & Lic. # _____

Arch. Or Eng. _____

***Tenant/Lessee** _____

^NASSAU COUNTY HOME IMPROVEMENT NO. _____ **EXP. DATE** _____/_____/_____

§ Pursuant to the Workers' Compensation Law, a Certificate of Insurance on the standard form approved by the Industrial Commissioner mustbe filed with this application covering all operations in connection therewith.

III. TYPE OF IMPROVEMENT** **Existing** ☐ **Proposed** ☐ **Estimated Cost of Improvement: $** _____

	New Building ☐	Addition ☐	Garage ☐	Other ☐ *Specify:*
Dimensions:				
# of Stories:				
Height:				
Dimensions of present Building:				
Percentage of Lot Occupied:				

DESCRIBE WORK IN DETAIL: _____

_____

_____

IV. CHARACTERISTICS OF BUILDING ***(COMMERCIAL USE)***

Number of off-street parking spaces:	Enclosed:	Outdoors:	Total Spaces:
Number of Stories:	Will there be central air conditioning? ☐ Yes ☐ No	Will there be an Elevator? ☐ Yes ☐ No	Will the building be Sprinkled? ☐ Yes ☐ No

*****IF PLUMBING IS INVOLVED, A SEPARATE PLUMBING APPLICATION MUST BE SUBMITTED***

AFFIDAVIT MUST BE NOTARIZED

THE OWNER OF THIS BUILDING & UNDERSIGNED AGREE TO CONFORM TO ALL APPLICATION LAWS OF THE VILLAGE OF WESTBURY, COUNTY OF NASSAU & STATE OF NEW YORK

APPLICANT/OWNER

STATE OF NEW YORK
COUNTY OF NASSAU SS:

_____ **Being duly sworn, deposes and says: That he/she resides at** _____ **in the State of** _____ **and that he/she is authorized by the Owner** _____ **to make application for a permit to perform said work in foregoing application and accompanying plans, and all statements contained therein are true to deponent's own knowledge.**

Address _____ **Sworn to me this**

Phone _____ _____ **day of** _____**, 20**_____

(Sign Here) _____ _____

Notary Public

FOR DEPARTMENT USE ONLY

Filed: _____/_____/_____ **App. Fee: $**_____ **App. #: AP**_____ **Paid:** ☐ **Check No.**_____ **Receipt No.**_____

Est. Cost $_____ **Adj. Cost $** _____ ☐ **Cash**

☐ **DENIED** ☐ **APPROVED: Permit Fee(s):** _____ **Paid:** ☐ **Check No.**_____ **Receipt No.**_____

☐ **Cash**

ZBA Approved: _____/_____/_____

Denied: _____/_____/_____

_____ _____/_____/_____ **Building Permit No. BP** _____

Superintendent of Buildings **Date**

VILLAGE OF WESTBURY

Building Permit Summary – Assessor's Copy
(To Be Completed by the Architect or Applicant with the Application)

Permit #:_____ Cost of Construction:_____

Owner:_____

Property Description:
Section:_____ Block:_____ Lot(s):_____ ☐ Commercial ☐ Residential

Property Location:_____

Type of Permit:
☐ Full Demolition ☐ New Construction ☐ Addition ☐ Dormer ☐ Renovation

Description of Permit:

_____

_____

_____

_____

_____

EXISTING (pre-construction)

Style:_____ # of Stories:_____ Gross Floor Area (excluding Garage):_____ft²

1st Floor:_____ft² **Basement** Hardscaping:_____ft²

2nd Floor:_____ft² ☐Full ☐Partial ☐Slab Car Garage(#):_____

Finished Attic:_____ft² Finished Basement:_____ft² Fireplace(type):_____

Porch:_____ft² **Bathrooms** Fireplace(#):_____

Deck:_____ft² #Full:_____ #Half:_____ ☐ Central Air

Cabana:_____ft² Other (bonus room):_____ft² ☐ Inground Pool

IMPROVEMENTS (Total as Complete)

Style:_____ # of Stories:_____ Gross Floor Area (exclude Garage):_____ft²

Increase in Gross Floor Area:_____ft² Final Gross Floor Area (exclude Garage):_____ft²

1st Floor:_____ft² **Basement** Hardscaping:_____ft²

2nd Floor:_____ft² ☐Full ☐Partial ☐Slab Car Garage(#):_____

Finished Attic:_____ft² Finished Basement:_____ft² Fireplace(type):_____

Cabana:_____ft² **Bathrooms** Fireplace(#):_____

Deck:_____ft² #Full:_____ #Half:_____ ☐ Central Air

Porch:_____ft² Full-Bath Reno#_____ ☐ Inground Pool

Portico:_____ft² Half-Bath Reno#_____ ☐ Kitchen Renovation

Other (bonus room):_____ft² ☐ New Siding

_____ _____
NAME OF PREPARER SIGNATURE OF PREPARER

ADDRESS:_____

PHONE #:_____

E-MAIL ADDRESS:_____

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)

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 516-571-1600 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 _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

Signature of Applicant/Contact Person - Sign & Print

Address of Applicant/Contact Person — Telephone

Rev 08/11

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

BUILDING PERMIT
COMMERCIAL or MIXED USE
DEPARTMENT OF ASSESSMENT

NASSAU COUNTY

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

DATE RECEIVED

SECTION	BLOCK	LOT(S)	SCHDIST#	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:

DATE TO BEGIN

DATE TO COMPLETE

LOT SIZE (SQ. FT.)

OF BUILDING ON LOT

PRINCIPLE TYPE OF CONSTRUCTION

- ☐ STEEL
- ☐ MASONRY
- ☐ FRAME

Check one

- ☐ OWNER
- or
- ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON / OWNER

ADDRESS

CITY, STATE, ZIP

[redacted]

PHONE

E-MAIL

Grouping or apportioning lots? YES ☐ NO ☐

List existing lots:

Proposed lots:

DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

CHECK ALL THAT APPLY

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN SQ. FT.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN SQ. FT)
- ☐ OTHER (Describe): _____
- ☐ FACADE
- ☐ BASEMENT RENOVATION
- ☐ HVAC
- ☐ ROOF
- ☐ PLUMBING

	SIZE	QUANTITY
☐ ELEVATORS		
☐ SPRINKLERS		
☐ SOLAR		
☐ ANTENNA		
☐ BILLBOARD		
☐ SATELLITE DISH		

USE BY SIZE & FLOOR

	EXISTING SQ. FT. AREA		PROPOSED SQ. FT. AREA	
	Use	Size Sq. Ft.	Use	Size Sq. Ft.
BASEMENT				
1ST				
2ND				
3RD				
ADDITIONAL FLRS				
TOTAL # FLOORS				

List additional use below

Residential	EXISTING # OF UNITS	PROPOSED # OF UNITS
☐ CO-OP		
☐ CONDO		
☐ RENTAL		
	EXISTING # UNITS	PROPOSED # UNITS
STUDIO		
1 BEDROOM		
2 BEDROOM		
3 BEDROOM		
4 BEDROOM		
OTHER (Describe)		

DATE OF GRANTING OF PERMIT _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

_____
Signature of Applicant / Contact Person - Sign & Print

_____
Address of Applicant / Contact Person — Telephone

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