

# **INCORPORATED VILLAGE OF OYSTER BAY COVE**

## **BUILDING DEPARTMENT**

### **RESIDENTIAL BUILDING PERMIT APPLICATION REQUIREMENTS**

1. Two (2) building permit application forms completely filled out with notarized Owner's signature.
2. Two (2) copies of a recent property survey signed and sealed by a NYS licensed land surveyor.
3. Submit two (2) sets of construction drawings signed and sealed by NYS licensed design professional (Architect or Engineer) demonstrating compliance with the Code of the Village of Oyster Bay Cove and the **2020 Residential Code of New York State and 2020 Energy Conservation Code of New York State** based on the ICC Family of codes and its applicable reference standards.
4. Complete Board of Assessor's Form and Short Environmental Form.
5. When applications are for new dwellings and/or substantial alterations and/or include excavation/site work triggering **Site Plan Review** from the Village's Planning Board, the applicant must submit (4) four sets of construction drawings inclusive of site drawings signed and sealed by licensed NYS design professional addressing the Site Plan Review checklist (see Site Plan Review application) (See New Home Instructions)
6. Affidavit of Truss Construction (OBC standard form – where applicable).
7. Insurance Certificates listing the following (see separate instruction sheet):  
A) Worker's Compensation      B) NYS Disability      C) General Liability

**\*\*\* Certificate holder names on certificate to be written as :**

**Incorporated Village of Oyster Bay Cove (and homeowner's name)**

**C/O Building Inspector, 68 West Main Street, Oyster Bay, NY 11771**

8. Application fee of \$150. Permit fee calculated by Building Inspector and payment required prior to the release of the Building Permit payable by cash or check made out to the Village of Oyster Bay Cove.

### **AFTER PERMIT IS ISSUED – OWNER IS RESPONSIBLE FOR THE FOLLOWING:**

1. Scheduling for inspections (See OBC inspection procedures)– 922-1071 - M/W/F 10am to 2pm
2. Electrical Inspection – See list of approved third party agencies as recognized by the Town of Oyster Bay.

**\*OBTAINING A CERTIFICATE OF OCCUPANCY AND/OR CERTIFICATE OF COMPLETION IS THE HOMEOWNER'S RESPONSIBILITY.**

# **INCORPORATED VILLAGE OF OYSTER BAY COVE**

## **BUILDING DEPARTMENT**

### **RESIDENTIAL APPLICATION REQUIREMENTS FOR WORK BUILT WITHOUT A BUILDING PERMIT**

1. Two (2) building permit application forms completely filled out with notarized Owner's signature.
2. Submit adequate proof (determined by Inspector) indicating the year the work was actually performed. If adequate proof can not be provided, the work would need to comply to the Code in place at the time this maintain application is being filed.
3. Two (2) copies of a recent property survey signed and sealed by a NYS licensed land surveyor.
4. Submit two (2) sets of construction drawings signed and sealed by NYS licensed design professional (Architect or Engineer) demonstrating compliance with the code in place at the time (if adequate proof has been demonstrated) or with the Code of the Village of Oyster Bay Cove and the **2020 Residential Code of New York State and 2020 Energy Conservation Code of New York State** based on the ICC Family of codes and its applicable reference standards
5. Complete Board of Assessor's Form and Short Environmental Form.
6. When applications are submitted to maintain substantial additions or alterations triggering **Site Plan Review** from the Village's Planning Board, the applicant must submit (4) four sets of construction drawings inclusive of site drawings signed and sealed by licensed NYS design professional addressing the Site Plan Review checklist (see Site Plan Review application).
7. Affidavit of Truss Construction (OBC standard form – where applicable).
8. Submit minimum four (4) photographs from different vantage points of each area of work – interior and exterior.
9. Application fee of \$150. Permit fee calculated by Building Inspector and payment required prior to the release of the Building Permit payable by cash or check made out to the Village of Oyster Bay Cove.
- \* All permit fees for applications submitted for work performed without the benefit of a building permit will be levied a penalty of doubled fees – OBC code-162-3(3)(c).

### **AFTER PERMIT IS ISSUED – OWNER IS RESPONSIBLE FOR THE FOLLOWING:**

1. Scheduling for inspections (See OBC standard list)– 922-1071 - M/W/F 10am to 2pm
2. Electrical Inspection – See List of Approved Third Party agencies as recognized by the Town of Oyster Bay.

**\*OBTAINING A CERTIFICATE OF OCCUPANCY AND/OR CERTIFICATE OF COMPLETION IS THE HOMEOWNER'S RESPONSIBILITY.**

**INCORPORATED VILLAGE OF OYSTER BAY COVE  
BUILDING DEPARTMENT**

**APPLICATION TO BUILD OR INSTALL**

NEW BUILDINGS, ADDITIONS/ALTERATIONS, EXISTING STRUCTURES, ACCESSORY  
STRUCTURES, DECKS, PORCHES, CONVERSIONS, FIREPLACES, HVAC, SITE WORK

Submit application in duplicate. Each application must be clearly typewritten or printed.  
Incomplete or illegible applications will not be accepted.

**A PERMIT MUST BE OBTAINED BEFORE COMMENCING WORK**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_ Date \_\_\_\_\_

Property Location No. \_\_\_\_\_ Address \_\_\_\_\_  
.....

**Owner/ Project Name** \_\_\_\_\_

Location/Address \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Contact Email \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

Location/Address \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Contact Email \_\_\_\_\_

**Design Professional Name** \_\_\_\_\_

Location/Address \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Contact Email \_\_\_\_\_

**Contractor Name** \_\_\_\_\_

Location/Address \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Contact Email \_\_\_\_\_

**Plumber Name** \_\_\_\_\_

Location/Address \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Contact Email \_\_\_\_\_

**Electrician Name** \_\_\_\_\_

Location/Address \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Contact Email \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

**PROPERTY INFORMATION**

Proposed ☐ Existing/Maintain ☐ Existing GFA \_\_\_\_\_ Proposed GFA \_\_\_\_\_  
Estimated Cost of work (proposed or at the time performed) \_\_\_\_\_  
Existing Lot Coverage (%) \_\_\_\_\_ Proposed Lot Coverage \_\_\_\_\_

**OWNER AFFIDAVIT**

I agree to permit the Building Inspector and any officer or employee of the Village of Oyster Bay Cove to enter upon the premises in the discharge of their duties under this application for permit.

1. A copy of the approved plans and permit will remain on the premises at all times until a Certificate of Occupancy and/or Completion is issued. These plans will be made available to the Building Inspector.
2. The Building Inspector shall be given a minimum of 48 hours' notice to conduct all required inspections and no work will continue until such inspections have been conducted and approved.
3. Owner or their designated representative will take responsibility to arrange all required inspections. It is not the Village's responsibility to arrange for inspections.
4. Permits expire in one (1) year from the date of issuance with the ability to extend one (1) additional year. If the construction is still in progress upon the year anniversary, it is the Owner's responsibility to contact the Village and extend the permit prior to expiration. No work is to be started until the permit has been issued and posted at the location of permit activity.

State of New York:

County of Nassau:

Please print – Property in the name of \_\_\_\_\_

depose and says that he/she resides at \_\_\_\_\_  
Address of Owner

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 \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ situated, lying and being within the Village of Oyster Bay Cove; that I/we have read and in accordance with the approved application and accompanying plans, of which he/she is familiar with and that he/she hereby names \_\_\_\_\_ as his or her representative to file this application on his/her behalf.

Sworn to me before this:

Signature \_\_\_\_\_  
(Owner signature)

\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

(Notary Public – New York)



Notary Seal

**INCORPORATED VILLAGE OF OYSTER BAY COVE  
BUILDING DEPARTMENT**

**68 WEST MAIN ST., OYSTER BAY, NEW YORK 11771  
(516) 922-1071**

**APPLICATION FOR PLUMBING FIXTURES**

APPLICATION MUST BE TYPEWRITTEN OR PRINTED IN INK LEGIBLY.

**SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_**

**OWNER:**

NAME STREET ADDRESS POST OFFICE ZIP PHONE#

**PLUMBER:**

**ADDRESS OF CONSTRUCTION:**

IF DIFFERENT FROM ABOVE NO. & STREET POST OFFICE ZIP

**LOCATION OF PROPERTY:**

N.E.S.W. SIDE OF: (STREET) (DIMEN) FEET

N.E.S.W. OF (STREET) (POST OFFICE)

N.E.S.W. OF corner of (STREET) and (STREET&POST OFFICE)

**TYPE OF BUILDING:**

**PROPOSED: \_\_\_\_\_ MAINTAINED: \_\_\_\_\_**

**FIXTURE COUNT:**

Draw schematic diagram below-must indicate type of piping,  
Size, runs, & venting:

|                 | B | 1st | 2nd |  |
|-----------------|---|-----|-----|--|
| Water Closet    |   |     |     |  |
| Lavatory        |   |     |     |  |
| Bath Tub        |   |     |     |  |
| Shower          |   |     |     |  |
| Kitchen Sink    |   |     |     |  |
| Dish Washer     |   |     |     |  |
| Washing Machine |   |     |     |  |
| Slop Sink       |   |     |     |  |
| Indirect Waste  |   |     |     |  |
| Urinal          |   |     |     |  |
| Other           |   |     |     |  |

**PLUMBER'S INFO:**

Sworn to before me this day of 20

**LICENSE #:** \_\_\_\_\_

**NAME(Print):** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Acknowledged:** \_\_\_\_\_

Master Plumber (Signature)

Notary Public

# EXCAVATION AFFIDAVIT

Incorporated Village of Oyster Bay Cove

New York State Rule 753 requires that no person shall commence or engage in any excavation or demolition unless and until they have served timely notice as provided in the law to operators (Utility's) who maintain underground facilities in the Village of Oyster Bay Cove.

**753.1-1 Purpose.** The purpose of these rules is to establish procedures for the protection of underground facilities in order to assure public safety and to prevent damage to public and private property, as required by General Business Law Article 36 and Public Service Law Section 119-b. This Part may be cited as Industrial code 53 or Code Rule 53, in addition to its designation as Part 753.

## **SUBPART 753-2 DUTIES OF LOCAL GOVERNING BODIES**

**753.-2.1 Provision and Display of Notice.** Any local governing body that issues permits for excavation and demolition shall provide a notice to applicants for permits that informs them about their responsibilities under state law to protect underground facilities and the existence, operation, programs and telephone number of the one-call notification system. Every such local governing body shall continuously display such notice in a conspicuous location in the office or agency it designates.

List of all operators (Utility Companies) that operate in the Village of Oyster Bay Cove are provided below:

### **UNDERGROUND OPERATORS (Utility Companies)**

PSEG –NATIONAL GRID

N.Y.S.D.O.T.

NASSAU COUNTY D.P.W.

NASSAU COUNTY DEPT OF HEALTH

TELEPHONE & CABLE SERVICE

JERICOHO WATER DISTRICT

OYSTER BAY WATER DISTRICT

OYSTER BAY SEWER DISTRICT

**CONTACT THE NUMBER BELOW FOR NOTIFICATION OF EXCAVATION  
TO ALL UNDERGROUND OPERATORS.1-800-272-4480 or 811**

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

TYPE OF APPLICATION \_\_\_\_\_

AGENT FOR OWNER \_\_\_\_\_

AGENT FOR OWNER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_



Know what's below.  
Call before you dig.

### **AFFIDAVIT OF EXCAVATION**

I hereby affirm that the above property owner or agent for this application shall comply with New York State. Rule 753 regarding underground facilities.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_

(Owner, Agent, Contractor)

NOTARY: Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Inc. Village of Oyster Bay Cove  
68 West Main Street  
Oyster Bay NY 11771

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,  
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER  
CONSTRUCTION IN RESIDENTIAL STRUCTURES**  
(In accordance with Title 19 NYCRR Part 1265)

Owner of Property: \_\_\_\_\_

Subject Property (Address and SBL#)  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Structure (Check all that apply):**

- ☐ New Residential Structure  
☐ Addition to Existing Residential Structure  
☐ Rehabilitation of Existing Residential Structure

**Utilization Type (Check all that apply):**

- ☐ Truss Type Construction (TT)  
☐ Pre-Engineered Wood Construction (PW)  
☐ Timber Construction (TC)

**In the Following Locations (Check all that apply):**

- ☐ Floor Framing, Including Girders and Beams (F)  
☐ Roof Framing (R)  
☐ Floor Framing and Roof Framing (FR)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ ☐ Owner or ☐ Owner Agent

# *Short Environmental Assessment Form*

## *Part 1 - Project Information*

### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

|                                                                                                                                                                                                            |  |            |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--------------------------|
| <b>Part 1 – Project and Sponsor Information</b>                                                                                                                                                            |  |            |                          |
| Name of Action or Project:                                                                                                                                                                                 |  |            |                          |
| Project Location (describe, and attach a location map):                                                                                                                                                    |  |            |                          |
| Brief Description of Proposed Action:                                                                                                                                                                      |  |            |                          |
| Name of Applicant or Sponsor:                                                                                                                                                                              |  | Telephone: |                          |
|                                                                                                                                                                                                            |  | E-Mail:    |                          |
| Address:                                                                                                                                                                                                   |  |            |                          |
| City/PO:                                                                                                                                                                                                   |  | State:     | Zip Code:                |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?                                                                     |  |            | NO                       |
| If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2. |  |            | YES                      |
|                                                                                                                                                                                                            |  |            | <input type="checkbox"/> |
|                                                                                                                                                                                                            |  |            | <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency?                                                                                                        |  |            | NO                       |
| If Yes, list agency(s) name and permit or approval:                                                                                                                                                        |  |            | YES                      |
|                                                                                                                                                                                                            |  |            | <input type="checkbox"/> |
|                                                                                                                                                                                                            |  |            | <input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ acres                                                                                                                                        |  |            |                          |
| b. Total acreage to be physically disturbed? _____ acres                                                                                                                                                   |  |            |                          |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres                                                                         |  |            |                          |
| 4. Check all land uses that occur on, <u>are</u> adjoining [and] or near the proposed action.                                                                                                              |  |            |                          |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)    |  |            |                          |
| <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____                                                      |  |            |                          |
| <input type="checkbox"/> Parkland                                                                                                                                                                          |  |            |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                 |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|--------------------------|
| 5. Is the proposed action,                                                                                                                                                                                                                                                                                                                                                                                                                           | NO                             | YES                             | N/A                      |
| a. A permitted use under the zoning regulations?                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/> |
| b. Consistent with the adopted comprehensive plan?                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/> |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?                                                                                                                                                                                                                                                                                                                                      | NO<br><input type="checkbox"/> | YES<br><input type="checkbox"/> |                          |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?<br>If Yes, identify: _____                                                                                                                                                                                                                                                                                                          | NO<br><input type="checkbox"/> | YES<br><input type="checkbox"/> |                          |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels?                                                                                                                                                                                                                                                                                                                                                     | NO<br><input type="checkbox"/> | YES<br><input type="checkbox"/> |                          |
| b. Are public transportation service[(s)] available at or near the site of the proposed action?                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>       | <input type="checkbox"/>        |                          |
| c. Are any pedestrian accommodations or bicycle routes available on or near <u>the</u> site of the proposed action?                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>       | <input type="checkbox"/>        |                          |
| 9. Does the proposed action meet or exceed the state energy code requirements?<br>If the proposed action will exceed requirements, describe design features and technologies:<br>_____<br>_____                                                                                                                                                                                                                                                      | NO<br><input type="checkbox"/> | YES<br><input type="checkbox"/> |                          |
| 10. Will the proposed action connect to an existing public/private water supply?<br>If No, describe method for providing potable water: _____<br>_____                                                                                                                                                                                                                                                                                               | NO<br><input type="checkbox"/> | YES<br><input type="checkbox"/> |                          |
| 11. Will the proposed action connect to existing wastewater utilities?<br>If No, describe method for providing wastewater treatment: _____<br>_____                                                                                                                                                                                                                                                                                                  | NO<br><input type="checkbox"/> | YES<br><input type="checkbox"/> |                          |
| 12. a. Does the <u>project site contain, or is it substantially contiguous to, a building, archeological site, or district that [a structure that] is listed on [either] the National Register of Historic Places or the State Register of Historic Places or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?</u> | NO<br><input type="checkbox"/> | YES<br><input type="checkbox"/> |                          |
| b. Is the [proposed action] <u>project site, or any portion of it, located in or adjacent to an area designated as [archaeologically] sensitive [area] for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?</u>                                                                                                                                                                               | <input type="checkbox"/>       | <input type="checkbox"/>        |                          |
| 13. A. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?                                                                                                                                                                                                                                                             | NO<br><input type="checkbox"/> | YES<br><input type="checkbox"/> |                          |
| b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>       | <input type="checkbox"/>        |                          |
| If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                 |                                |                                 |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|
| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:<br><input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional<br><input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban |                                    |                                     |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?                                                                                                                                                                                                                                 | NO<br><br><input type="checkbox"/> | YES<br><br><input type="checkbox"/> |
| 16. Is the project site located in the 100-year flood plan?                                                                                                                                                                                                                                                                                                                                            | NO<br><br><input type="checkbox"/> | YES<br><br><input type="checkbox"/> |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources?<br>If Yes,                                                                                                                                                                                                                                                                                          | NO<br><br><input type="checkbox"/> | YES<br><br><input type="checkbox"/> |
| a. Will storm water discharges flow to adjacent properties?                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>           | <input type="checkbox"/>            |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?<br>If Yes, briefly describe:                                                                                                                                                                                                                                                                   | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <hr/> <hr/>                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                     |
| 18. Does the proposed action include construction or other activities that <u>would</u> result in the impoundment of water or other liquids ( <i>e.g.</i> , retention pond, waste lagoon, dam)?<br>If Yes, explain the purpose and size of the impoundment:                                                                                                                                            | NO<br><br><input type="checkbox"/> | YES<br><br><input type="checkbox"/> |
| <hr/> <hr/>                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                     |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?<br>If Yes, describe:                                                                                                                                                                                                                                        | NO<br><br><input type="checkbox"/> | YES<br><br><input type="checkbox"/> |
| <hr/> <hr/>                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                     |
| 20. Has the site of the proposed action or an adjoining property been <u>the</u> subject of remediation (ongoing or completed) for hazardous waste?<br>If Yes, describe:                                                                                                                                                                                                                               | NO<br><br><input type="checkbox"/> | YES<br><br><input type="checkbox"/> |
| <hr/> <hr/>                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                     |
| <b>I [AFFIRM] CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b><br><br>Applicant/sponsor name: _____ Date: _____<br>Signature: _____ Title: _____                                                                                                                                                                                                       |                                    |                                     |



**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 |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------|-----------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|-----------------------------|------------------------------------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|--|--|--|---------|--|--|--|--|--------------|--|--|--|--|-------|--|--|--|--|--------------|--|--|--|--|---------|--|--|--|--|
| <div style="display: flex; justify-content: space-between;"><div><p>Location of Building</p><p>N.E.S.W. SIDE OF (OR CORNER OF)</p><p>ADDRESS OF PROPERTY</p><p>CITY, TOWN, VILLAGE</p><p>ZIP</p><p>ESTIMATED COST OF CONSTRUCTION:</p><p>WORK MUST BEGIN BY</p><p>PERMIT EXP DATE</p><p>LOT SIZE S.F.</p><p># BLDGS ON LOT</p></div><div><p>N.E.S.W. SIDE OF</p><p>Check One</p><p><input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE</p><p>NAME OF BUSINESS</p><p>CONTACT PERSON/OWNER</p><p>ADDRESS</p><p>CITY, STATE, ZIP</p><p>PHONE</p><p>EMAIL</p><p><b>IF YOU WISH TO GROUP OR APPORTION LOTS<br/>PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</b></p></div></div>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p>DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)</p> <p>*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p align="center"><b>PERMIT TYPE - CHECK ALL ITEMS THAT APPLY</b></p> <table style="width:100%;"><tr><td style="width:50%; vertical-align: top;"><input type="checkbox"/> NEW BUILDING<br/><input type="checkbox"/> ADDITION (CHANGE IN S.F.)<br/><input type="checkbox"/> DEMOLITION<br/><input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)<br/><input type="checkbox"/> MAINTAIN (PRE-EXISTING)<br/><input type="checkbox"/> RECONSTRUCTION<br/><input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT<br/><input type="checkbox"/> DORMERS<br/><input type="checkbox"/> OTHER _____</td><td style="width:50%; vertical-align: top;"><input type="checkbox"/> FIRE DAMAGE<br/><input type="checkbox"/> GARAGE/ OUT BUILDING<br/><input type="checkbox"/> HVAC<br/><input type="checkbox"/> PLUMBING<br/><input type="checkbox"/> RELOCATION<br/><input type="checkbox"/> REPLACEMENT<br/><input type="checkbox"/> SWIMMING POOL<br/><input type="checkbox"/> TENNIS COURT<br/><input type="checkbox"/> CHANGE IN USE</td></tr></table> |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             | <input type="checkbox"/> NEW BUILDING<br><input type="checkbox"/> ADDITION (CHANGE IN S.F.)<br><input type="checkbox"/> DEMOLITION<br><input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)<br><input type="checkbox"/> MAINTAIN (PRE-EXISTING)<br><input type="checkbox"/> RECONSTRUCTION<br><input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT<br><input type="checkbox"/> DORMERS<br><input type="checkbox"/> OTHER _____ | <input type="checkbox"/> FIRE DAMAGE<br><input type="checkbox"/> GARAGE/ OUT BUILDING<br><input type="checkbox"/> HVAC<br><input type="checkbox"/> PLUMBING<br><input type="checkbox"/> RELOCATION<br><input type="checkbox"/> REPLACEMENT<br><input type="checkbox"/> SWIMMING POOL<br><input type="checkbox"/> TENNIS COURT<br><input type="checkbox"/> CHANGE IN USE |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <input type="checkbox"/> NEW BUILDING<br><input type="checkbox"/> ADDITION (CHANGE IN S.F.)<br><input type="checkbox"/> DEMOLITION<br><input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)<br><input type="checkbox"/> MAINTAIN (PRE-EXISTING)<br><input type="checkbox"/> RECONSTRUCTION<br><input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT<br><input type="checkbox"/> DORMERS<br><input type="checkbox"/> OTHER _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> FIRE DAMAGE<br><input type="checkbox"/> GARAGE/ OUT BUILDING<br><input type="checkbox"/> HVAC<br><input type="checkbox"/> PLUMBING<br><input type="checkbox"/> RELOCATION<br><input type="checkbox"/> REPLACEMENT<br><input type="checkbox"/> SWIMMING POOL<br><input type="checkbox"/> TENNIS COURT<br><input type="checkbox"/> CHANGE IN USE |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p align="center"><b>DOES RESIDENCE HAVE THE FOLLOWING</b></p> <p>CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="center"><b>BASEMENT FINISH</b></p> <p>1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p align="center"><b>PROPOSED TOTAL PLUMBING FIXTURES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FLOOR/FIXTURE</th><th>BASEMENT</th><th>1ST FLOOR</th><th>2ND FLOOR</th><th>3RD FLOOR</th></tr></thead><tbody><tr><td>BATHROOM SINK</td><td></td><td></td><td></td><td></td></tr><tr><td>TOILET</td><td></td><td></td><td></td><td></td></tr><tr><td>BATHTUB</td><td></td><td></td><td></td><td></td></tr><tr><td>STALL SHOWER</td><td></td><td></td><td></td><td></td></tr><tr><td>BIDET</td><td></td><td></td><td></td><td></td></tr><tr><td>KITCHEN SINK</td><td></td><td></td><td></td><td></td></tr><tr><td>WET BAR</td><td></td><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             | FLOOR/FIXTURE                                                                                                                                                                                                                                                                                                                                                                                                                      | BASEMENT                                                                                                                                                                                                                                                                                                                                                                | 1ST FLOOR                     | 2ND FLOOR                     | 3RD FLOOR                    | BATHROOM SINK               |                                          |                              |                             |                 | TOILET                       |                             |  |  |  | BATHTUB |  |  |  |  | STALL SHOWER |  |  |  |  | BIDET |  |  |  |  | KITCHEN SINK |  |  |  |  | WET BAR |  |  |  |  |
| FLOOR/FIXTURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BASEMENT                                                                                                                                                                                                                                                                                                                                                                | 1ST FLOOR                   | 2ND FLOOR  | 3RD FLOOR |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| BATHROOM SINK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| TOILET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| BATHTUB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| STALL SHOWER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| BIDET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| KITCHEN SINK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| WET BAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p align="center"><b>NUMBER OF EXISTING AND PROPOSED BATHS</b></p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>NUMBER OF EXISTING FULL BATHS</th><th>NUMBER OF PROPOSED FULL BATHS</th></tr></thead><tbody><tr><td>NUMBER OF EXISTING HALF BATHS</td><td>NUMBER OF PROPOSED HALF BATHS</td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             | NUMBER OF EXISTING FULL BATHS                                                                                                                                                                                                                                                                                                                                                                                                      | NUMBER OF PROPOSED FULL BATHS                                                                                                                                                                                                                                                                                                                                           | NUMBER OF EXISTING HALF BATHS | NUMBER OF PROPOSED HALF BATHS |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
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| NUMBER OF EXISTING HALF BATHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NUMBER OF PROPOSED HALF BATHS                                                                                                                                                                                                                                                                                                                                           |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p align="center">HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES</p> <table style="width:100%;"><tr><td style="width:50%;">NEW C/O NEEDED</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr><tr><td>VARIANCE OBTAINED</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr><tr><td>CONSTRUCTION/RENOVATION IN EXCESS OF 50%</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr><tr><td>SURVEY ENCLOSED</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             | NEW C/O NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                     | YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                            | NO <input type="checkbox"/>   | VARIANCE OBTAINED             | YES <input type="checkbox"/> | NO <input type="checkbox"/> | CONSTRUCTION/RENOVATION IN EXCESS OF 50% | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SURVEY ENCLOSED | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| NEW C/O NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                            | NO <input type="checkbox"/> |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| VARIANCE OBTAINED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                            | NO <input type="checkbox"/> |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| CONSTRUCTION/RENOVATION IN EXCESS OF 50%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                            | NO <input type="checkbox"/> |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| SURVEY ENCLOSED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                            | NO <input type="checkbox"/> |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p align="center"><b>PLEASE ATTACH ALL PERMITS &amp; SURVEY IF AVAILABLE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p>DATE OF GRANTING OF PERMIT _____</p> <p align="center"><b>SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING</b></p> <p>FIELD REPORT ON REVERSE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |
| <p align="right">Signature of Applicant/Contact Person - Sign &amp; Print</p> <p align="right">Address of Applicant/Contact Person Telephone</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |                             |            |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                              |                             |                                          |                              |                             |                 |                              |                             |  |  |  |         |  |  |  |  |              |  |  |  |  |       |  |  |  |  |              |  |  |  |  |         |  |  |  |  |

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

**Inc. Village of Oyster Bay Cove**  
**68 West Main St., Oyster Bay, NY 11771**  
**Building Dept: (516) 922-1071**

**LOT AREA COMPUTATION SHEET**  
**(PURSUANT TO VILLAGE CODE 320-1)**

|                             |                             |             |             |              |
|-----------------------------|-----------------------------|-------------|-------------|--------------|
| <b>Property Owner:</b>      | <b>Design Professional:</b> |             |             |              |
| <b>Address:</b>             | <b>Address:</b>             |             |             |              |
|                             |                             |             |             |              |
| <b>Phone:</b>               | <b>Phone:</b>               |             |             |              |
| <b>Fax:</b>                 | <b>Fax:</b>                 |             |             |              |
| <b>Project Description:</b> |                             |             |             |              |
| <b>Project Location:</b>    |                             |             |             |              |
| <b>NCTM:</b>                | <b>SEC:</b>                 | <b>BLK:</b> | <b>LOT:</b> | <b>ZONE:</b> |

The following computations and their supporting documentation must be submitted for **EVERY BUILDING PERMIT APPLICATION WHICH INVOLVES ANY STRUCTURE EXPANSION OR STRUCTURE WHICH IS PROPOSED TO A BUILDING LOT.** (Exception: Interior alterations) Supporting documentation shall include current survey prepared by NYS licensed land surveyor showing all existing structures, driveways, topographic info (2' contours) and contour analysis, wetlands, flood plane, easements, street, right of way and trees which may be affected. **NO application shall be accepted without submission of this computation and supporting document.**

LOT AREA [Amended 11/25/1991 by L.L. No. 2-1991; 11-15-2005 by L.L. No. 14-2005]

A. The total horizontal area of a lot within its legal boundaries measured to the street line, excluding:

- 1) Any portion which has less than ½ of the minimum lot width for the zoning district; \_\_\_\_\_ **SF**
- 2) Any portion which lies within a driveway, right-of-way, or access easement serving any other lot or lots; \_\_\_\_\_ **SF**
- 3) Any portion which is within a street, right-of-way or lane; \_\_\_\_\_ **SF**
- 4) Any portion which is burdened by an easement or restriction that substantially affects the use or development of that portion of the lot which is not within the minimum front, side and rear yard and is not a customary easement for utilities and similar services to the premises. \_\_\_\_\_ **SF**
- 5) Any portion which is within "an area of special flood hazard" as defined in § 320-72 of this chapter; \_\_\_\_\_ **SF**
- 6) Seventy-five percent of any portion which constitutes a wetland, water body or watercourse, or is within a buffer area, as defined in the Village Code; and [Amended 3-21-2006 by L.L. 4-2006] \_\_\_\_\_ **SF**

7) Twenty-five percent of any portion which constitutes a steep slope, and 50% of any portion which constitutes a very steep slope area, as defined in the Village Code.

- STEEP SLOPE \_\_\_\_\_ SF x .25 = \_\_\_\_\_ SF
- VERY STEEP SLOPE \_\_\_\_\_ SF x .5 = \_\_\_\_\_ SF \_\_\_\_\_ SF

\_\_\_\_\_  
**SUB TOTAL AREA EXCLUSIONS** \_\_\_\_\_ SF

( \_\_\_\_\_ )  
**ACRE(S)**

B. Notwithstanding the foregoing, the area of any lot which lawfully existed in the Village prior to September 1, 2004, shall not be deemed to be less than the minimum lot size required in the district in which it is located, or to otherwise be made nonconforming, as a result of exclusions in Subsection A(6) and (7) above. Lot area exclusion in Subsection A(1) and (4) above shall not be deducted from the lot area when computing the maximum building area on any such lot. Any such nonconforming lot may continue to exist and be used without the need for variances; provided, however, that any change in use or development of any such lot shall comply with all requirements of the zoning regulations of the Village of Oyster Bay Cove other than requirements for minimum lot area. In case of a nonconforming building which lawfully existed as of February 1, 2006, alterations or additions to such building are permitted notwithstanding the front setback requirements in this section, provided that the alterations or additions are located within the existing footprint of the building and are at least 75 feet from the front property line. [Amended 3-21-2006 by L.L. No. 4-2006]

**TOTAL LOT AREA EXCLUSIONS** \_\_\_\_\_ SF

( \_\_\_\_\_ )  
**ACRE(S)**

\_\_\_\_\_ SF - \_\_\_\_\_ SF = \_\_\_\_\_ SF  
**BASE LOT AREA                      LOT AREA EXCLUSIONS                      \*NET TOTAL LOT AREA**

( \_\_\_\_\_ )  
**\*NET ACRES**

\_\_\_\_\_  
**SIGNATURE AND STAMP OF DESIGN PROFESSIONAL**

**\*THIS NET LOT AREA (S.F.) SHALL BE USED AS THE BASELINE FOR COMPUTING ALL ZONING LOT COVERAGE CALCULATIONS.**

**Inc. Village of Oyster Bay Cove  
68 West Main Street  
Oyster Bay NY 11771  
516-922-1071                      516-922-1761 Fax**

**1) Worker's Compensation Insurance Requirements**

**Please be advised that the following forms are the only acceptable documents for proof of worker's compensation insurance on all proposed building permit applications (No Accord Forms accepted)**

**Standard Form Numbers**

**C-105.21**

**C-105.2**

**U-26.3**

**The insurance documents must be an original (no faxes or copies)**

**2) Liability Insurance**

**Please be advised the Accord form must be an original (no copies)**

**3) Disability Insurance**

**Standard form DB120.1**

**ATTENTION APPLICANT:**

**Please notify your contractor that their insurances must be updated and current for the duration of the project to be valid**

- **The project name and address must be on the certificate**
- **Please note the Village as the certificate holder as follows:**

**The Inc. Village of Oyster Bay Cove  
68 West Main Street  
Oyster Bay, NY 11771**

**INCORPORATED VILLAGE OF OYSTER BAY COVE  
68W. MAIN STREET, OYSTER BAY NY 11771**

**Note: General Municipal Law of the State of New York Section 809 enacted in 1969 requires of the following completed Disclosure statement**

**DISCLOSURE STATEMENT**

\_\_\_\_\_ depose and says:  
Applicant(s)/Appellant(s) Name

**FOR INDIVIDUAL APPLICATION (strike out if not applicable)**

- A. am over the age of 21 and reside at \_\_\_\_\_
- B. am the \_\_\_\_\_ of the property designated  
(owner/contract vendee-insert one)

Section \_\_\_\_\_ Block \_\_\_\_\_ Lots(s) on the Nassau County Land and Tax Map which forms the subject matter of this application and am fully familiar with all the facts and circumstances hereinafter set forth.

**FOR CORPORATE APPLICATIONS (Strike out if not applicable)**

- A. I am the \_\_\_\_\_ of the \_\_\_\_\_ with  
(Office Held) (Name of Corp)

Office locate at: \_\_\_\_\_  
and am fully familiar with all the facts and circumstances hereinafter set forth.

- B. The corporation was incorporated under the Laws of the State of \_\_\_\_\_ and is the  
\_\_\_\_\_ of the property designated as Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ on the  
Nassau County Land Tax Map
- C. The following are the names and residences of each officer, director and shareholder: (Set forth names, residences and relationship to corp.)(Add additional sheet if necessary.)
- D. That the corporate stock of said corporation has not been pledged to any person nor has any agreement been made to pledge the said stock (except: If any set forth details.)

**FOR PARTNERSHIP APPLICANTS (Strike out if not applicable)**

- A. That I am \_\_\_\_\_ of the \_\_\_\_\_  
(Partner, Joint Venture, etc.) (Name of Partnership)

and am fully familiar with all the facts and circumstances hereinafter set forth.

**INCORPORATED VILLAGE OF OYSTER BAY COVE  
68W. MAIN STREET, OYSTER BAY NY 11771**

B. That the above partnership was established in \_\_\_\_\_ on \_\_\_\_\_  
and is the \_\_\_\_\_ of the property designated as Section \_\_\_\_Block \_\_\_\_\_lot(s)  
on the Nassau County Land and Tax Map.

C. That the following are the names, addresses and interests, respectively, of all partners (joint ventures,  
etc. (additional sheet if necessary)

**DISCLOSURE STATEMENT MUST BE COMPLETED**

1. That there are no encumbrances or holders of any instruments creating an encumbrance upon the subject property(except: if any set forth details)
2. That neither deponent nor any other person mentioned; in this statement is a Village officer or employee, or is related to a Village Officer or employee. (except: if any set forth details. )
3. That no State Officer or employee or local municipal officer or employee in the Nassau County or his spouse or a person by consanguinity related to either of them within the third degree is (are) the Applicant(s) or an officer, director or employee of the Applicant(s) or legally or beneficially owns or controls the corporate stock of the Applicant(s) or is a partner of Applicant(s),expressed or implied whereby his compensation for services is to be dependent or contingent upon the favorable exercise of discretion in the granting of the application herein.(except: if any set forth details.)
4. That in the event there is any change in the matters set forth herein prior to the public hearing relating to the property affected hereby, deponent(s) will file with the Village a supplemental statement indicating the details of such change within 48 hours of such change.

**I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENTS(S)  
MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION  
210.45 OF THE PENAL LAW**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

Inc. Village Of Oyster Bay Cove  
68 West Main Street  
Oyster Bay, NY 11771

Phone: (516) 922-1071

Fax: (516) 922-1761

**APPLICATION FOR SITE PLAN REVIEW**  
**(PURSUANT TO VILLAGE OF OYSTER BAY COVE ZONING ARTICLE 35)**

**Property Owner:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**Applicant/Representative:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**Design Professional:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Location: \_\_\_\_\_

NCTM SEC: \_\_\_\_\_ BLK: \_\_\_\_\_ LOT(S): \_\_\_\_\_ ZONE: \_\_\_\_\_

Is the property located within 500' of an adjoining Municipality? (circle one) YES / NO.

If Yes – indicate municipality and add same to notification list pg. 5, #10 \_\_\_\_\_

Is the property on a street/road designated as a "Scenic & Historic By-Way" as delineated in Article XIV – Section 320-86 of the Village Code? \_\_\_\_\_ (circle one) YES/NO

*Regulated Roadways: Cove Road, McCouns Lane, Sandy Hill Road & Yellow Cote Road*

**ALL ITEMS IDENTIFIED HEREIN BY THE BUILDING INSPECTOR MUST BE ADDRESSED FOR THE APPLICATION TO BE PLACED ON THE PLANNING BOARD CALENDAR.**

**TWO (2) SEPARATE CHECKS ARE REQUIRED MADE PAYABLE TO THE "INCORPORATED VILLAGE OF OYSTER BAY COVE" –(A) FILING FEE - \$500 (B) \* HEARING DEPOSIT - \$2,500**

\* The hearing deposit shall be used to pay for the actual costs incurred by the Village.(ie; engineering, inspection, consulting, steno, admin., legal, etc.). Should actual expenses exceed the \$2500, the applicant will be required to reimburse the Village for the total additional expenses. If Village expenses are less than the \$2500, the applicant must make a written request, within one year of the decision to the Village Clerk, for a refund.

*(Building Inspector must initial all applicable and non-applicable items on checklist before application can be recommended for Planning Board hearing)*

### **APPLICATION SUBMISSION CHECKLIST**

\_\_\_\_\_ A. Application shall include 12 copies of each of the following items, to be submitted separate and complete sets: \_\_\_\_\_

\_\_\_\_\_ 1. Application form for site plan review, in form and substance satisfactory to the Building Department. \_\_\_\_\_

\_\_\_\_\_ 2. A recent site survey, showing all existing structures, prepared, signed and sealed by a licensed land surveyor. \_\_\_\_\_

\_\_\_\_\_ 3. Site plan for the proposed land use, drawn at a scale of not less than one inch equals 20 feet, signed and sealed by a licensed architect or engineer, and which shall include the following information: \_\_\_\_\_

\_\_\_\_\_ (a) A title block located in the lower right-hand corner of the site plan and shall include the name and address of the applicant and record owner of the property, the name and address of the preparer of the document, the property's designation on the Nassau County Land and Tax Map, and the title of the project. If the applicant or property owner is a corporation, the name and address of the president and secretary shall be submitted with the application. \_\_\_\_\_

\_\_\_\_\_ (b) A date block of the site plan adjacent to the title block containing the date of preparation and dates of all revisions. \_\_\_\_\_

\_\_\_\_\_ (c) A key map showing the location of the property with reference to surrounding areas and existing street intersections within 1,000 feet of the boundaries of the subject premises. \_\_\_\_\_

\_\_\_\_\_ (d) A written and graphic scale, as well as a North arrow. \_\_\_\_\_

\_\_\_\_\_ (e) Zoning District boundaries shall be shown on the site plan as they affect the parcel. \_\_\_\_\_

\_\_\_\_\_ (f) Survey data, inclusive of dimensions, showing boundaries of the property, required building and setback lines and lines of existing and proposed streets, lots, reservations, easements and areas dedicated to public use, including grants, restrictions and rights-of-way. \_\_\_\_\_

\_\_\_\_\_ (g) Reference to any existing covenants, restrictions, easements or exceptions that are in effect or are intended to cover all or any of the property. A copy of such covenant, restriction, easement or exception shall be submitted with the application. If there are no known covenants, deed restrictions, easements or exceptions affecting the site, a notation to the effect shall be indicated on the site plan map. \_\_\_\_\_

\_\_\_\_\_ (h) Location of existing structures on the site. The plan shall contain a notation indicating any structures that are to be removed. \_\_\_\_\_

- \_\_\_\_\_ (i) All distances, as measured along the right-of-way lines of existing streets abutting the property, to the nearest intersection with any other street. \_\_\_\_\_
- \_\_\_\_\_ (j) Location plans and elevations of all proposed structures. \_\_\_\_\_
- \_\_\_\_\_ (k) Location of all existing and proposed driveways, walkways and impervious surfaces located on the property. \_\_\_\_\_
- \_\_\_\_\_ (l) Location of all existing storm drainage structures, soil erosion and sediment control devices and utility facilities, including electric, water, telephone and cable television, which are located within the property lines. \_\_\_\_\_
- \_\_\_\_\_ (m) Existing and proposed contours according to United States Geodetic Survey Datum at intervals not to exceed two feet. Existing contours are to be indicated by dashed lines; proposed contours are to be indicated by solid lines. \_\_\_\_\_
- \_\_\_\_\_ (n) Existing elevations of the road or right-of-way contiguous to the site. \_\_\_\_\_
- \_\_\_\_\_ (o) The location of all existing significant natural features, such as boulders, rock outcrops, watercourses, depressions, ponds, marshes and other wetlands, whether or not officially mapped. \_\_\_\_\_
- \_\_\_\_\_ (p) All proposed streets, with profiles indicating grading and cross sections showing width of roadway, location and width of sidewalk, if any, and location and size of utility lines. \_\_\_\_\_
- \_\_\_\_\_ (q) All means of vehicular ingress and egress to and from the site onto public or private streets, showing the size and location of driveways and curb cuts and sidewalks, if any. \_\_\_\_\_
- \_\_\_\_\_ (r) All provisions for pedestrian access to the site and internal pedestrian circulation. \_\_\_\_\_
- \_\_\_\_\_ (s) The location and design of any off-street parking areas, loading or outdoor storage areas. \_\_\_\_\_
- \_\_\_\_\_ (t) The location of all existing and proposed water lines, valves and hydrants and all sewer lines or alternative means of water supply or sewage disposal and treatment. \_\_\_\_\_
- \_\_\_\_\_ (u) The proposed location, direction of illumination, power and time of proposed outdoor lighting. \_\_\_\_\_
- \_\_\_\_\_ (v) The location, design, dimensions and type of construction of all proposed signs. \_\_\_\_\_
- \_\_\_\_\_ (w) The post development stormwater management plan. \_\_\_\_\_
- \_\_\_\_\_ (x) Structural elevation calculations. \_\_\_\_\_
- \_\_\_\_\_ (y) Zoning calculations, including lot coverage and height to distance calculation, in tabular form. \_\_\_\_\_

\_\_\_\_\_ (z) Illustration of all proposed structures as they relate to sky exposure plane. \_\_\_\_\_

\_\_\_\_\_ (aa) Delineation of Floodplain Zone as shown on the Flood Insurance Rate Map prepared by the Federal Emergency Management Agency and adopted by the Village of Oyster Bay Cove. \_\_\_\_\_

\_\_\_\_\_ (bb) Delineation of Coastal Erosion Hazard Area, if the property is located within the designated Coastal Management Zone. \_\_\_\_\_

\_\_\_\_\_ (cc) Delineation of tidal and freshwater wetlands areas as designated by the New York State Department of Environmental Conservation. \_\_\_\_\_

\_\_\_\_\_ (dd) Graphic elevations of each side of each proposed structure or land use, as situated on the property, including sufficient detail to ascertain the quality of the materials, design and construction. \_\_\_\_\_

\_\_\_\_\_ (ee) Identification of owners of adjoining properties, by name, address, and section, block and lot number. \_\_\_\_\_

\_\_\_\_\_ (ff) The location of the nearest structures on adjacent lots. \_\_\_\_\_

\_\_\_\_\_ (gg) Finished floor elevations for existing and proposed structures. \_\_\_\_\_

\_\_\_\_\_ (hh) Direction of proposed runoff for paved areas. \_\_\_\_\_

\_\_\_\_\_ (ii) Existing and proposed drainage structures. \_\_\_\_\_

\_\_\_\_\_ (jj) Erosion control plans, to include the specification and details of best management practices, according to New York State Department of Environmental Conservation guidelines. \_\_\_\_\_

\_\_\_\_\_ (kk) Existing and proposed fences. \_\_\_\_\_

\_\_\_\_\_ (ll) Existing and proposed retaining walls, with calculations by a qualified licensed professional for retaining walls greater or equal to four feet in height, measured from the top of wall to the top of footing. \_\_\_\_\_

\_\_\_\_\_ (mm) The proposed limits of disturbance. \_\_\_\_\_

\_\_\_\_\_ (nn) Any notes necessary to clarify the intended construction. \_\_\_\_\_

\_\_\_\_\_ 4. Landscaping plan, drawn at a scale of not less than one inch equals 20 feet and which contains the following information: \_\_\_\_\_

\_\_\_\_\_ (a) Outlines of all existing and proposed structures, driveways, walkways and impervious surfaces to be located on the property. \_\_\_\_\_

\_\_\_\_\_ (b) The location of all existing significant natural features, such as boulders, rock outcrops, watercourses, depressions, ponds and marshes. \_\_\_\_\_

\_\_\_\_\_ (c) The location of all trees, identified by type or species and size, bearing a trunk circumference greater than 12 inches measured at a point three feet above the highest ground level.

\_\_\_\_\_ (d) The location of all trees, shrubs and/or any vegetation, identified by type or species, which are to be removed. \_\_\_\_\_

\_\_\_\_\_ (e) The location of all trees, shrubs and/or any vegetation, identified by type or species, which are to be preserved. \_\_\_\_\_

\_\_\_\_\_ (f) Location of all trees, shrubs and/or other vegetation, identified by size, height and type or species, which are to be provided. \_\_\_\_\_

\_\_\_\_\_ (g) A separate list of all trees and shrubs identified by size, height and type or species that are to be removed and/or to be provided. \_\_\_\_\_

\_\_\_\_\_ 5. Photographs of existing structures of the property and surrounding landscaping/screening. \_\_\_\_\_

\_\_\_\_\_ 6. Environmental assessment form completed and signed by the applicant, where applicable. \_\_\_\_\_

\_\_\_\_\_ 7. Original building permit application which was reviewed by the Building Department. \_\_\_\_\_

\_\_\_\_\_ 8. Memoranda of review issued by the Building Inspector and/or Village Engineer. \_\_\_\_\_

\_\_\_\_\_ 9. Identification of all required permits or approvals from the village or any other governmental body, and a record of application for and status of such permits or approvals. \_\_\_\_\_

\_\_\_\_\_ 10. List of the names of all owners of property within 1000 feet of the boundaries of the subject premises, and if the subject premises is adjacent to a private road, the owners of all other properties adjacent to the private road, together with section, block and lot numbers of said property, as shown on the current tax roll of the village. If property falls within 500' of Village OBC boundary the village abutting shall also be listed and notified. \_\_\_\_\_

\_\_\_\_\_ 11. Certificate of title and deed(s) for the existing lot(s), together with a title search conducted within two (2) years prior to the date of submission of the application. \_\_\_\_\_

\_\_\_\_\_ 12. Letter from the Water District or other entity responsible for water supply, regarding availability of water to the site (for new structures only). \_\_\_\_\_

\_\_\_\_\_ 13. All appropriate permit fees, charges and deposits as set forth in the village Fees and Deposits Ordinance. The applicant will be responsible for all charges incurred by the village in the consideration, review and determination of an application. \_\_\_\_\_

\_\_\_\_\_ 14. Photographs of neighboring properties, taken from the proposed location. \_\_\_\_\_

\_\_\_\_\_ 15. Any other information found by the Planning Board or Building Department to be necessary to reasonably determine compliance of the site plan with this chapter and Village Law, § 7-725-a. \_\_\_\_\_

\_\_\_\_\_ 16. Year existing structure(s) were built. \_\_\_\_\_

B. The Building Department may waive any of the above requirements it determines to be unnecessary for the appropriate review of a particular application but such waiver shall not be binding upon the Planning Board. In determining whether waiver is appropriate, the Building Department should give due consideration to the cost of the proposed structure, such that the cost of the process of obtaining approval should not be disproportionate to the cost of the structure under consideration.

### **SCENIC & HISTORIC BY-WAYS SUBMISSION CHECKLIST**

(If Applicable)

- \_\_\_\_\_ 1. Plot Plan and/or recent property survey delineating the structure and the façade/sides of the structure receiving the exterior improvements/modifications.
- \_\_\_\_\_ 2. Color Elevational or 3D renditions that accurately reflect the color, texture, materials and architectural features that make up the components of the altered façade.
- \_\_\_\_\_ 3. Material samples being utilized in the façade improvement.
- \_\_\_\_\_ 4. Dimensioned plans and elevations prepared a NYS licensed Design professional clearly delineating all existing and proposed alterations and enhancements.
- \_\_\_\_\_ 5. Comprehensive Photographs of all sides of the structure receiving the alterations including landscaping and all other structures on the property.
- \_\_\_\_\_ 6. Photographs of the principal dwellings/structures on the abutting neighboring properties and any other structures on Historic Road that has visual compatibility.

*Planning Board reserves the right to request additional information and/or waive an application for its minor applicability to the "Scenic & Historic By-Ways" intent.*

#### 35.05. Considerations included in Site Plan review.

- A. In reviewing any application for site plan approval, the Planning Board shall be guided, as appropriate, by the following general and specific considerations:
  - (1) The location, arrangement, size, design and general site compatibility of buildings and structures, including any potential future auxiliary structures and uses.
  - (2) The adequacy and arrangement of vehicular access and circulation. All driveways to a public or private street shall be so located to afford safe access to said roadway and to provide for safe and convenient ingress and egress and to minimize conflict with the flow of traffic and other driveways, and shall be designed to permit emergency vehicles and service vehicles, such as delivery trucks, solid waste collection vehicles and the like to have reasonable access to and space for their intended functions without causing damage or otherwise impacting on the subject property or any neighboring property.
  - (3) The adequacy and arrangement of off-street parking, loading and outdoor storage.

- (4) The adequacy and arrangement of pedestrian traffic access and circulation.
  - (5) The adequacy of stormwater and drainage facilities. Provision shall be made for the drainage of surface runoff waters in and from the premises so that flooding and erosion of the property and the property of others will be prevented.
  - (6) The adequacy of water supply and sewage disposal facilities.
  - (7) The adequacy, type and arrangement of trees, shrubs and other landscaping and natural screening constituting a visual and/or noise buffer between the applicant's and adjoining lands, including the maximum feasible retention of existing vegetation.
  - (8) The adequacy of fire lanes and other emergency zones and the provision of fire hydrants.
  - (9) Protection of adjacent or neighboring properties against noise, light, glare, unsightliness, disturbances and nuisances.
  - (10) The overall impact of the proposed development on the neighborhood and surrounding uses, including compatibility of architectural and design considerations.
  - (11) Any slopes in excess of fifteen (15.0%) percent.
- B. The Planning Board shall not approve a site plan application unless it affirmatively finds that the building or structure, if constructed, erected, reconstructed or altered in accordance with the submitted plan, will not:
- (1) Be visually offensive or inappropriate by reason of poor quality of exterior design, monotonous similarity or striking visual discord in relation to the site or surroundings, including those of neighboring structures;
  - (2) Mar the appearance of the area;
  - (3) Impair the use, enjoyment and desirability of neighboring properties, and reduce the value of properties in the area;
  - (4) Be detrimental to the character of the neighborhood;
  - (5) Prevent the most appropriate development and utilization of the site or of adjacent land; and
  - (6) Adversely affect the functioning, economic stability, prosperity, health, safety, comfort and general welfare of the entire community.

35.06. Public hearing. Unless the Planning Board determines that it cannot approve an application as submitted with any reasonable modifications, the Planning Board shall conduct a public hearing with regard to every application for site plan review within 90 days after the date the application is found to be complete by the Planning Board. If the Planning

Board determines that it cannot approve an application as submitted with any reasonable modifications, then it can disapprove the application without a public hearing.

**35.07. Notice of public hearing.**

The applicant shall mail notice of the public hearing in a form provided by the Village Attorney. The notice shall be mailed first class and addressed to all owners of properties located in whole or in part within 1,000 feet of the subject premises and, if the subject premises is adjacent to a private road, to the owners of all other properties adjacent to the private road. The completion of this mailing requirement shall be attested to by the applicant, applicant's attorney or other professional. Initial mailing shall take place at least **(20) twenty days** prior to such hearing. All subsequent notices shall be at least **(10) ten days** prior to such hearing. The Village Clerk shall cause notice of the public hearing to be published in the official newspaper of the Village at least **(10) ten days** prior to such hearing and to be posted in any location where required by law. The applicant shall file proof of mailing at least **(3) three business days** prior to the commencement of the public hearing

**I have read and understand all of the above and am hereby submitting all required documentation and fees to process this application.**

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Design Profess. Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature  
(If other than property owner)

\_\_\_\_\_  
Date