

# **INCORPORATED VILLAGE OF OYSTER BAY COVE**

## **BUILDING DEPARTMENT**

### **FENCE REQUIREMENTS**

1. Submit two (2) copies of a standard building permit application completely filled out and signed and notarized by the property Owner.
2. Submit two (2) copies of recent property survey indicating location and height of fence and any gate locations.
  - Maximum fence height permitted is 6'-6" measured to existing grade.
3. Submit two (2) copies of a legible dimensioned drawing of a typical section of fence delineating the material, color, height, post size and horizontal and vertical spacing between framing members.

\* Existing Fences – Submit four (4) photographs along with application

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### **RETAINING WALL REQUIREMENTS**

All Retaining walls with 24" or more of exposed vertical height to existing grade require a building permit and approval from the Building Department.

Retaining walls with 48" or more of exposed vertical height to existing grade require a building permit and approval from the Building Dept. and Village Engineer. The submission must have drawings signed and sealed by NYS licensed Engineer or Architect.

Standard application submission requirements

1. Submit two (2) copies of a standard building permit application.
2. Submit two (2) copies of a recent property survey indicating location, height and distance to property lines and existing structures.
3. Submit two (2) copies of signed and sealed Engineer or Architect drawings delineating all industry standard construction details (ie; material, typical section, footing, reinforcing, drainage, backfill. Etc.)
  - When determined walls will receive Engineering approval. A minimum of four (4) sets of signed and sealed drawings will be required.
  - In some instances, retaining walls may require Planning Board approval. This will be determined after permit application is submitted and reviewed by the Building Inspector and/or Village Engineer.

\* Existing Retaining walls – Submit four (4) photographs along with application.

\* Additional work affiliated with the retaining wall construction (ie; swimming pools, driveways, etc.) shall comply with their filing requirements as well.

**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



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY  
240 Old Country Road, Mineola, NY 11501**

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

TOWN - CITY - VILLAGE OF: \_\_\_\_\_

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

**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 ay 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 PURASUNT OT SECIOTN  
210.45 OF THE PENAL LAW**

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

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