

INCORPORATED VILLAGE OF OYSTER BAY COVE

BUILDING DEPARTMENT

INSTRUCTION FOR FILING OIL TANK REMOVAL/ABANDONMENT

1. Two (2) standard permit application forms completely filled out with notarized Owner's signature.
2. Two (2) copies of recent property survey with approximate tank/s location.
3. Provide Nassau County Health Department confirmation notification number upon filing of necessary NCDOH forms (see N.C.D.H. paperwork).
4. Contractors insurance must cover demolition/removal work.
5. Complete Board of Assessor's Form and Short Environmental Form.
6. 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
7. A permit fee of \$200= \$100 C.C. fee + \$100 permit fee is to be paid.

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

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

REQUIRED FOR CERTIFICATE OF COMPLETION:

1. Completion and approval of Final Inspection.
2. For tank abandonment a Contractor's letter of abandonment-inclusive of vent, fill lines & material.
3. For tank removal, photos of the removal process and carting receipts ensure proper disposal.

**OBTAINING A 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: _____ FEET
(STREET) (DIMEN)

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

N.E.S.W. OF _____ corner of _____ and _____
(STREET) (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



LAURA CURRAN
COUNTY EXECUTIVE

NASSAU COUNTY DEPARTMENT OF HEALTH

200 COUNTY SEAT DRIVE
MINEOLA, NY 11501
VOICE: 516 227-9691
FAX: 516 227-9613



LAWRENCE E. EISENSTEIN, MD, MPH, FACP
COMMISSIONER

BUREAU OF ENVIRONMENTAL PROTECTION AFFIRMATION OF NON-LEAKING TANK

Re: _____

(Address)

I (we), _____ swear and affirm that I(we) own the above referenced property and that to the best of my(our) knowledge the underground tank and its associated piping used for storing oil solely for on-site space heating and/or water heating, located on this property, is not now leaking and has never leaked. **This form may not be used where there is any re-occurring accumulation of water in the tank.**

(Signature of Property Owner(s))

Affirmation must be received by NCDH
seven (7) days prior to the date of the job.

Sworn to before me this

_____ day of _____,
date month year

THIS FORM MUST BE SIGNED AND NOTARIZED BEFORE RETURNING VIA U.S. MAIL to the Nassau County Department of Health, Bureau of Environmental Protection, Att: Article XI, 200 County Seat Drive, Mineola, NY 11501. Telephone number: 516-227-9691.



LAURA CURRAN
COUNTY EXECUTIVE

NASSAU COUNTY DEPARTMENT OF HEALTH

200 COUNTY SEAT DRIVE
MINEOLA, NY 11501
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LAWRENCE E. EISENSTEIN, MD, MPH, FACP
COMMISSIONER

Small Facility/Homeowner Tank Abandonment Notification Form

Date of Job ** ____/____/____

** All notifications must be received by NCDH 7 DAYS
Prior to the date of the job accompanied by a fee of
\$70.00 per tank.

Contractor _____

Phone # _____

Name of Property Owner: _____

Address: _____

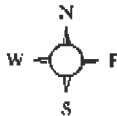
Village: _____ Telephone: _____

Existing Tank Information:

Tank Size: _____ 275 _____ 550 _____ 1,000

Fill Material: _____ Sand _____ Concrete _____ Approved Foam

Tank Location Diagram:



New Installation:

_____ Gas Conversions

Tank Size

_____ 275

_____ 550

_____ 1,000

Location

_____ Above ground on pad/containment

_____ Below ground

_____ Indoors

*All removals/abandonments, installations etc. must be done in accordance with Article XI of the Nassau County Public Health Ordinance. This form is to be used only when the individual storage tank capacity is 1,100 gallons or less removed.

PLEASE RETURN VIA U.S. MAIL to Nassau County Department of Health, Bureau of Environmental Protection, Article XI, 200 County Seat Drive, Mineola, N.Y. 11501.
Telephone number: 516-227-9691.

ATTACH CHECK HERE



**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	CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:				<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
					CITY, STATE, ZIP
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION			PHONE
PERMIT EXP DATE		<input type="checkbox"/> STEEL			EMAIL
LOT SIZE S.F.		<input type="checkbox"/> MASONRY		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
# 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"/>		
PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE					
DATE OF GRANTING OF PERMIT _____				Signature of Applicant/Contact Person - Sign & Print	
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING				Address of Applicant/Contact Person	
FIELD REPORT ON REVERSE				Telephone	

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.

Part 1 – Project and Sponsor Information			
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] <u>or</u> 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	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
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?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<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	YES	
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	YES	
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: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <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 <input type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO <input type="checkbox"/>	YES <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)? 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)? If Yes, explain the purpose and size <u>of the impoundment</u> :	NO <input type="checkbox"/>	YES <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? If Yes, describe:	NO <input type="checkbox"/>	YES <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? If Yes, describe:	NO <input type="checkbox"/>	YES <input type="checkbox"/>
<hr/> <hr/>		
<p>I [AFFIRM] <u>CERTIFY</u> THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____ Title: _____</p>		

**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)