

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

**INSTRUCTION FOR FILING NEW OIL TANK INSTALLATION**

1. Two (2) plumbing permit application forms completely filled out with notarized Owner's signature.
2. Copy of the Town of Oyster Bay active Plumbing License.
3. If exterior, provide two surveys denoting location with setback dimensions. If interior, provide two (2) two copies of a dimensioned location plan of the space in which the tanks are contained in with distance to heat producing equipment (if any).
4. Provide two (2) copies of the tank specifications: size of tank, location and materials.
5. Provide Contractor's Certificate of Insurance.

**\*\*\* 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 St., Oyster Bay, NY 11771**

6. A fee of \$350= \$100 C. of C. fee + \$250 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

**REQUIRED FOR CERTIFICATE OF COMPLETION:**

1. An affidavit from the plumber of record is required to attest that a pressure test was conducted on the fuel lines and no leaks are present.
2. Completion and approval of Final Inspection.

*\*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

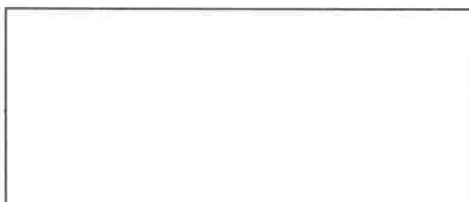
In the State of \_\_\_\_\_, that he/she is the Owner in fee of all certain lots, parcel of land shown on the attached survey Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ situated, lying and being within the Village of Oyster Bay Cove; that I/we have read and in accordance with the approved application 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 1771  
(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

Rev 08/11

**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)