

INCORPORATED VILLAGE OF OYSTER BAY COVE

BUILDING DEPARTMENT

INSTRUCTION FOR FILING PROPANE TANKS (LPG)

1. Two (2) building permit application forms completely filled out with notarized Owner's signature.
2. Two (2) copies of a signed and notarized OBC Plumbing application accompanied by the Plumber's Town of Oyster Bay license.
3. Two (2) copies of a recent property survey signed and sealed by a NYS licensed land surveyor clearly denoting setbacks to the tank.
 - Underground tanks do not need to meet Zoning Setbacks but must maintain a minimum of 10 ft. to property lines unless tank size dictates further per code.
4. For all Propane (LPG) tanks you must submit two (2) copies of an approved Nassau County Fire Marshall approved permit.
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. Permit Fee (per tank): \$250 permit fee + \$100 Certificate of Completion fee = \$350

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 all inspections.
2. Final survey (dated, signed and stamped by licensed surveyor)
 - *At the building inspector's discretion.*

IMPORTANT NOTES:

1. All fixtures connected to LPG tanks must have record of prior approvals from OBC and NCFM or they will be required to be included in the tank permit.
2. All fixtures shall be installed as per manufacturer's specifications, UL listings, Fuel gas, NFPA and National Electrical Codes and all other applicable codes.
3. All underground LPG installations require an excavation depth inspection, witness of magnetic tape and tracer wire installation prior to backfill inspection, pressure test and final inspection after all work is complete. Above ground piping installations require pressure test and 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 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#
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PLUMBER:

ADDRESS OF CONSTRUCTION:

IF DIFFERENT FROM ABOVE	NO. & STREET	POST OFFICE	ZIP
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LOCATION OF PROPERTY:

N.E.S.W. SIDE OF:	(STREET)	(DIMEN)	FEET
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N.E.S.W. OF	(STREET)	(POST OFFICE)
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N.E.S.W. OF	corner of	(STREET)	and	(STREET&POST OFFICE)
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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

JERICO 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 _____



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building		N.E.S.W. SIDE OF (OR CORNER OF)		N.E.S.W. SIDE OF	
ADDRESS OF PROPERTY				Check One	NAME OF BUSINESS
CITY, TOWN, VILLAGE				<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:					ADDRESS
WORK MUST BEGIN BY					CITY, STATE, ZIP
PRINCIPLE TYPE OF CONSTRUCTION					PHONE
PERMIT EXP DATE				<div>IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</div>	EMAIL
LOT SIZE S.F.					
# BLDGS ON LOT					

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
<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 _____	<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
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 _____ Telephone _____
FIELD REPORT ON REVERSE	

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

**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 SECTON
210.45 OF THE PENAL LAW**

(Print Name)

(Signature)