

**INCORPORATED VILLAGE OF OYSTER BAY COVE**  
**68W Main Street**  
**OYSTER BAY, NY 11771**  
**(516) 922-1071**  
**BUILDING DEPARTMENT**

**DEMOLITION**

**PERMIT APPLICATION FILING INSTRUCTIONS:**

1. Use the standard building permit application form filled out with notarized signature, include owner's address and telephone number. Make certain to clearly denote the work is for demolition.
2. Letters for disconnection of utility services (LIPA, National Grid, water, sanitary).
3. Nassau County Rodent Free Certificate.
4. Submit an Excavation affidavit – Standard Village Form.
5. Complete Board of Assessor's Form - (<https://www.nassaucountyny.gov>).
6. Two (2) copies of recent property survey highlighting location of structure/s to be demolished. Survey must be clean copy with name, signature, and professional seal of surveyor clearly visible. Survey must show ALL existing structures on property.
7. Insurance Certificate listing the following insurance policies:  
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 St., Oyster Bay, NY 11771**  
    *\* Insurance Certificates must include coverage for demolition work*
8. Permit Fee: \$100 permit fee (for ea. Structure) + \$100 Certificate of Completion fee.
9. Permits will not be issued until a security in the form of a paper (performance bond) or certified check in the amount of \$2,000 for demolition of an accessory structure/s and \$10,000 for a principal dwelling. Bond to be returned upon final completion approval from building inspector.

**THE FOLLOWING IS REQUIRED TO OBTAIN A CERTIFICATE OF COMPLETION:**

1. Minimum (4) four photographs of removal process.
2. Carting receipts for proper disposal. No debris shall remain on site (above or below grade).
3. Final Inspection.
4. See Demolition requirements for additional guidelines.

*\*OBTAINING A CERTIFICATE OF COMPLETION IS THE HOMEOWNER'S RESPONSIBILITY.*

**INCORPORATED VILLAGE OF OYSTER BAY COVE  
68W Main Street  
OYSTER BAY, NY 11771  
(516) 922-1071  
BUILDING DEPARTMENT**

**DEMOLITION – REQUIREMENTS**

1. Construction materials and removal debris shall not be buried or left on-site.
2. Carting receipts for proper disposal will be required prior to close out of demolition permit.
3. Submit minimum (4) four photographs of the removal process and sub-grade condition showing removal of material prior to backfill.
4. All excavations, declivities and/or depressions on the site caused by the demolition process must be leveled with clean backfill as determined by the Village Engineer.
5. All sanitary and drywell systems may not be abandoned in place. They must be removed in their entirety and filled with clean backfill as determined by the Village Engineer.
6. No demolition of a principal dwelling may allow the existing fuel tanks to remain or be abandoned in place. These tanks must be removed in accordance with the Village's and County's removal requirements and filled with clean backfill as determined by the Village Engineer.

*These requirements are in addition to the Demolition filing instructions*

**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

# 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 \_\_\_\_\_



### 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		
CITY, TOWN, VILLAGE			NAME OF BUSINESS		
ZIP			CONTACT PERSON/OWNER		
ESTIMATED COST OF CONSTRUCTION:			ADDRESS		
			CITY, STATE, ZIP		
WORK MUST BEGIN BY			PHONE		
PERMIT EXP DATE			EMAIL		
LOT SIZE S.F.			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION		
# BLDGS ON LOT					
PRINCIPLE TYPE OF CONSTRUCTION					
<input type="checkbox"/> STEEL					
<input type="checkbox"/> MASONRY					
<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	
<input type="checkbox"/> NEW BUILDING				CENTRAL AIR: YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)				FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> DEMOLITION				BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IS S.F.)				1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	
<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					
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					



Log#

Address

Hamlet

PROVIDE IN SPACE BELOW -SKETCH OF PROPERTY WITH THE LOCATION OF ALL BUILDINGS/STRUCTURES ON SITE

**CONTACT INFORMATION - PROPERTY OWNER**

NAME	ADDRESS	TELEPHONE NUMBER(S)

**CONTACT INFORMATION - DEMOLITION COMPANY**

NAME	ADDRESS	TELEPHONE NUMBER(S)

**CONTACT INFORMATION - PERSON REQUESTING RODENT FREE CERTIFICATION**

NAME	ADDRESS	TELEPHONE NUMBER(S)

TITLE:	DEMO CONTRACTOR <input type="checkbox"/>	AGENT <input type="checkbox"/>	EXPEDITER <input type="checkbox"/>	OTHER <input type="checkbox"/>
--------	--	--------------------------------	------------------------------------	--------------------------------

**RODENT FREE CERTIFICATE - METHOD TO OBTAIN COMPLETED CERTIFICATE**

Office pick-up <input type="checkbox"/>	Leave on site <input type="checkbox"/>	Other (Describe): _____
---	--	-------------------------

**APPLICANT ACKNOWLEDGES THE FOLLOWING:**

1) **NO** demolition work can begin without an inspection of the property, including the exterior of all structures on the premises and grounds by a Nassau County Department of Health representative to determine if there is rodent activity. If rodent activity has been identified on the property, then extermination by a New York State licensed exterminator is required to prevent the spread of rodents throughout the neighborhood. No work can be started until extermination is complete.

2) Building(s) / structure(s) on this property must be intact and the land must remain in an unaltered state for the inspection to take place. If any work is done on the property that results in ground disturbance **BEFORE** the inspection takes place, then the inspection is deemed INVALID and the Rodent Free Certificate will not be issued by the Nassau County Department of Health.

3) The issued Rodent Free Certificate is **valid for ten (10) days** from the date of inspection of the property. Demolition of the building(s) and/or structure(s) on the premises **MUST** be completed within ten (10) days from the date of issuance of certification by the Department of Health.

**4) PENALTIES\***

Any person, firm or corporation that violates Nassau County Public Health Ordinance, Article VII, Section 13, by demolishing any building(s) and/or structure(s) on the above referenced property ***without*** obtaining a Rodent Free Certificate issued by the Nassau County Department of Health, **WILL** be subject to enforcement action by this Department.

**ACKNOWLEDGEMENT SIGNED (BELOW):**

APPLICANT PRINT NAME:	
--------------------------	--

APPLICANT SIGNATURE:	DATE:
-------------------------	-------

TITLE:	
--------	--



**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**

# **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
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
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	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[is] 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)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
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 of the impoundment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
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"/>
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"/>
<b>I [AFFIRM] CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor name: _____ Date: _____ Signature: _____ Title: _____		

**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)