

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, photo's 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

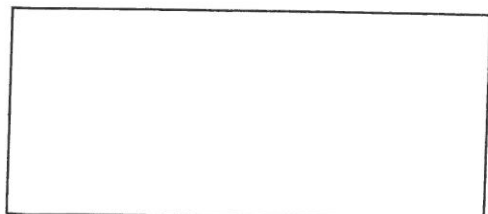
In the State of _____, that he/she is the Owner in fee of all certain lots, parcel of land shown on the attached survey Section _____ Block _____ Lot _____ situated, lying and being within the Village of Oyster Bay Cove; that I/we have read and in accordance with the approved application and accompanying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



**NASSAU COUNTY
DEPARTMENT OF HEALTH**
200 COUNTY SEAT DRIVE
MINEOLA, NY 11501
516 227-9691
FAX: 516 227-9613

**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.

Nassau County Department of Health
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

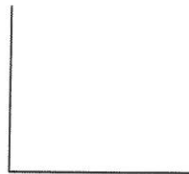
_____ Concrete

_____ Approved Foam

Tank Location Diagram:



N



New Installation:

Tank Size

Location

_____ 275

_____ Above ground on pad/containment

_____ 550

_____ Below ground

_____ 1,000

_____ Indoors

_____ Conversion to gas

****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 1100 gallons or less.**

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

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**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)				
ADDRESS OF PROPERTY				Check one <input checked="" type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE				
CITY, TOWN, VILLAGE OLD WESTBURY				ZIP 11568				
ESTIMATED COST OF CONSTRUCTION:				NAME OF BUSINESS				
WORK MUST BEGIN BY				CONTACT PERSON/OWNER				
PERMIT EXP DATE				ADDRESS				
LOT SIZE S.F.				CITY, STATE, ZIP OLD WESTBURY, NY 11568				
# BLDGS ON LOT				PHONE				
PRINCIPLE TYPE OF CONSTRUCTION <input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME				EMAIL				
				IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 616-671-1500 FOR FURTHER INFORMATION				
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								
<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 IN 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>								
DOES RESIDENCE HAVE THE FOLLOWING								
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								

617.20
Appendix B
Short Environmental Assessment Form

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
2. Does the proposed action require a permit, approval or funding from any other governmental 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, adjoining and 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, a. A permitted use under the zoning regulations?	NO	YES	N/A
b. Consistent with the adopted comprehensive plan?			
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
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?			
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?			
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing potable water: _____	NO	YES	
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	NO	YES	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
b. Is the proposed action located in an archeological sensitive area?			
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? 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	YES	
16. Is the project site located in the 100 year flood plain?	NO	YES	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
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	YES
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- ☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- ☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

INCORPORATED VILLAGE OF OYSTER BAY COVE

Note: General Municipal Law of the State of New York, Section 809 enacted in 1969 ~~requires~~ the filing of the following completed Disclosure Statement)

DISCLOSURE STATEMENT

_____ deposes and says:

Applicant(s)/Appellant(s) Name

- ☐ **FOR INDIVIDUAL APPLICANTS** (Strike out if not applicable)
the age of 21 and reside at _____

a. I am over

b. I am the _____ of the property designated'

(owner/contract vendee-insert one)

Section _____ Block _____ Lot(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 APPLICANTS** (Strike out if not applicable)

a. I am the _____ of the _____ with
(Office Held) (Name of Corp.)

offices 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 and 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 Venturer, etc.) (Name of Partnership)

and am fully familiar with all the facts and circumstances hereinafter set forth.

b. That the above partnership was established in _____
(Place)

on _____ and is the _____ of the property
(Owner or Contract Vendee)

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 venturers, etc.): (Add additional sheet if necessary)

INCORPORATED VILLAGE OF OYSTER BAY COVE

Disclosure Statement must be completed.

2. That there are no encumbrances or holders of any instruments creating an encumbrance upon the subject property (except: if any set forth details.)
3. 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.)
4. 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 the 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.)
5. 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 STATEMENT(S) MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date

Applicants(s)/Appellant(s) Signature(s)