

VILLAGE OF GREAT NECK ESTATES

Atwater Plaza

4 Gateway Drive

Great Neck, NY 11021

516-482-8283 fax: 516-482-5572

INSTRUCTIONS FOR FILING A BUILDING PERMIT APPLICATION

Fee is based on Estimated Cost of Job, as determined by the Building Department, & all fees must be submitted with application:

\$250 Filing Fee, plus \$15 for each \$1,000 of construction cost (additional payment may be required upon completion)

\$125 Certificate of Occupancy or Certificate of Completion

Architectural Review Board: \$200 Alteration/Addition; New Dwelling \$400; Landscape Consultant Deposit \$500(separate check)

Separate Instructions for Architectural Review Board (attached)

Complete one (1) “APPLICATION FOR A PERMIT”

Submit two (2) sets of plans, stapled together and folded to show the project name and location face up. The plans must clearly show the full extent and dimensions of the proposed work (see [Requirements for Construction Plans](#) for a more detailed description of requirements). The **Site Plan, Zoning Analysis** and all information, diagrams, and calculations demonstrating compliance with the zoning regulations must be shown on the first sheet of the drawings.

The site plan must show the following information:

- Existing and proposed construction and proposed front, side and rear yard setbacks
- Driveways, paths, walkways, retaining walls, stairs, storm-water drywells, septic tanks and cesspool locations
- Location of construction fence and erosion control measures to maintain all drainage on the site during and after construction
- The location and caliper of all existing trees. Identify trees to be removed or the method of protecting them during construction

Provide a current original architectural survey (signed and sealed by a surveyor licensed in the State of New York). The survey must contain: property dimensions, lot area calculation by the surveyor, topographic contour lines, dimensions of all existing structures, setback dimensions from all property lines, species and size of trees greater than 3” in caliper, retaining walls, driveways, walkways, sidewalks, curb cuts and all other hard surfaces and the average front yard setback for all buildings within 200 feet of the property located on the same side of the street if any work is proposed facing the front yard.

Provide one (1) fully completed Village of Great Neck Estates BUILDING PERMIT SUMMARY ASSESSOR’S FORM

Provide one (1) fully completed Nassau County BOARD OF ASSESSORS’ form

Provide one (1) completed MACHINERY OPERATION COMPLIANCE AGREEMENT

Applications that propose work on the exterior of a building must be examined by the Architectural Review Board for recommendation to the Board of Trustees. (See Architectural Review Board Instruction Sheet).

REQUIRED INSPECTIONS ARE LISTED ON THE BUILDING PERMIT. INSPECTION APPOINTMENT REQUESTS MUST BE MADE 24 HOURS IN ADVANCE AND ARE SUBJECT TO SCHEDULING.

NO CONSTRUCTION MAY TAKE PLACE WITHOUT A BUILDING PERMIT SIGNED BY THE BUILDING INSPECTOR.

*****AT THE COMPLETION OF THE CONSTRUCTION, ALL THE APPROVED PLANS & AMENDMENTS THAT HAVE BEEN STAMPED APPROVED & SIGNED IN RED BY THE BUILDING INSPECTOR, ARE REQUIRED TO BE PROVIDED TO THE VILLAGE SCANNED ON A USB FLASH DRIVE PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY/COMPLIANCE.**

VILLAGE OF GREAT NECK ESTATES

ARCHITECTURAL REVIEW BOARD INSTRUCTIONS

PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATIONS MUST BE SUBMITTED NOT LESS THAN THIRTY (30) DAYS PRIOR TO THE MEETING DATE.

Applications that propose work on the exterior of a building must be examined by the Architectural Review Board for recommendation to the Board of Trustees. Board of Trustees approval is required prior to examination of the application by the Building Inspector for compliance with the applicable building codes. NO CONSTRUCTION MAY TAKE PLACE WITHOUT A BUILDING PERMIT SIGNED BY THE BUILDING INSPECTOR.

LL4-2016 - With respect to any application to be reviewed by the Architectural Review Board which pertains to construction of a new structure, or a substantial addition or alteration to an existing structure which would enlarge the floor area or lot coverage of the existing structure by 40% or more, the application to the ARB shall include a radius map showing all properties located in whole or in part within 200 feet of any part of the property which is the subject of the application, and a list of the names and addresses of the owners of such properties as shown on the Village tax records. At least ten (10) and no more than twenty (20) calendar days prior to an ARB meeting at which such application is to be considered, the applicant shall give written notice of the application and meeting to each such owner, by first class mail, and shall file an affidavit of mailing with the Building Department no later than one (1) business day prior to the meeting.

- **CURRENT SURVEY (less than (1) one year old)** accurately depicting all structures and their setbacks to the property lines, topography, retaining walls, paved surfaces, and trees having a diameter of at least 6” at a height of 4’-6” above the ground
- **Architectural Review Board Fee:** (In addition to all required Permit Application fees)
 - \$200 for Alteration/Addition
 - \$400 for New Residence
 - \$500 Landscape Consultant Deposit (separate check)
- Landscape plans prepared by a Landscape Architect/Designer are required for all New Construction and additions of 40% or more
- Radius Map (200’) with list of names and addresses for all New Construction or additions of 40% or more
- **Submit twelve (12) paper copies & one (1) Digital USB Flash Drive copy** of the application, survey, proposed construction plans to scale & covering the entire property including the following:
 - Name of Property Owner, Property Address & Nassau County Section Block and Lot Numbers; Name, Address, License Number & Professional Seal of the Design Professional.
 - Zoning Analysis
 - Site Plan with all setbacks & paving indicated & all Grade Elevations at 10’ intervals (existing and proposed)
 - Floor Plans
 - Two Building Cross Sections
 - Building Elevations - including a list of all exterior materials and colors
 - Landscape Plans showing all grading, retaining walls if needed, proposed planting, proposed paths, driveways and walkways and all existing trees to be removed and to remain.
 - PERSPECTIVE COLOR RENDERING for additions that are 40% or more or for new dwellings
 - COLOR PHOTOGRAPHS MOUNTED WITH ADDRESSES, TO INCLUDE :
 - a. Two houses on either side of new construction
 - b. Five houses in front of the new construction
 - c. Five houses at the rear of new construction
 - d. If the construction is within a corner property line, than all existing corner properties must be shown
- **KEY MAP** of all adjoining properties

VILLAGE OF GREAT NECK ESTATES

4 Gateway Drive, Great Neck, NY 11021 516-482-8283 fax: 516-482-5572

INSURANCE REQUIREMENTS

PROPERTY OWNER

- Hold Harmless Agreement

GENERAL CONTRACTORS:

- Nassau County Home Improvement License
- General Liability Certificate (Acord Form)
 - ✓ “Incorporated Village of Great Neck Estates, Its Officers, Agents and Employees 4 Gateway Drive Great Neck, NY 11021”,
MUST be listed as Additional Insured & Certificate Holder
 - ✓ Address of Job must also be listed on certificate
- Additional Insured Endorsement Form (ISO Form CG 20 12)
 - ✓ Must be indicated on the form: “Incorporated Village of Great Neck Estates, Its Officers, Agents and Employees 4 Gateway Drive Great Neck, NY 11021”
- Disability Insurance (DB120 form)
- Workers’ Compensation (C105.2 form)
**Note: For Workers’ Comp & Disability Exemption use form CE-200*

The Contractors and all subcontractors shall maintain, at a minimum, the following insurance, and provide evidence of same to the **Village of Great Neck Estates** in the form of Certificates of Insurance or copies of policies, providing 30 days’ notice of Cancellation or non-renewal. The insurance carrier must be a New York State licensed carrier with an A.M. Best Rating of at least an A IX. In all cases where the Village, its officers, agents and employees are to be named as additional insured, an endorsement to the insurance policy must be provided as documentation of such additional insured status.

I. Workers Compensation and NYS Disability

Coverage	Statutory
Extensions	Voluntary Compensation Employers Liability - Unlimited

II. Commercial General Liability

Coverage and Limits	Occurrence - 1999 ISO CGL or equivalent General Aggregate \$2,000,000 Products & Completed Operations \$2,000,000 Personal & Advertising Injury \$1,000,000 Per Occurrence Limit \$1,000,000 Fire Damage \$ 50,000 Medical Expense \$ 5,000
Additional Insured	All owners, agents, employees, volunteers, elected and appointed officers and officials of the Incorporated Village of Great Neck Estates, using ISO Form GC 20 10 07 04 be accompanied by CG 20 37 07 04 adding back Completed Operations
Special	Hold Harmless Agreement Aggregate Limits Per Project Waiver of Subrogation Primary & Non-Contributory, Contractual Liability 3 rd Party Injury to Employees, Volunteers, Subcontractors etc. Include Completed Operations

III. Automobile Insurance

Coverage	Standard New York Policy including all owned, hired, and non-owned vehicles
Limit	\$1,000,000. Combined Single Limit
Additional Insured	all owners, agents, employees and volunteers and elected and appointed officers and officials of the Incorporated Village of Great Neck Estates and the Great Neck Estates Civic Association, Inc., using ISO Form CG2010 (B) or equivalent.

VILLAGE OF GREAT NECK ESTATES

4 Gateway Drive, Great Neck, NY 11021 516-482-8283 Fax: 516-482-5572

INSURANCE & LICENSE REQUIREMENTS

GENERAL CONTRACTORS:

- **General Liability Certificate** (Acord Form)
 - ✓ “The Incorporated Village of Great Neck Estates, and its Officers, Agents and Employees 4 Gateway Drive Great Neck, NY 11021” **MUST** be listed as the Certificate Holder & listed as Additionally Insured on the certificate
 - ✓ Address of Job **MUST** also be listed on certificate
- **Additional Insured Endorsement Form** (ISO Form CG 20 12)
 - ✓ **MUST** be indicated on the form: “The Incorporated Village of Great Neck Estates, and its Officers, Agents and Employees 4 Gateway Drive Great Neck, NY 11021”
- **Disability Insurance** (DB120 form)
- **Workers’ Compensation** (C105.2 form)
- **Nassau County Home Improvement License**
**Note: For Workers’ Comp & Disability Exemption use form CE-200*

PLUMBER:

- Village of Great Neck Estates Plumber’s License - \$50/year
Submit copy of current Master Plumber’s License & Liability, Disability & Workers’ Comp Insurances **as indicated above**

ELECTRICIAN:

- Village of Great Neck Estates Electrician’s License - \$50/year
Submit copy of current Master License & Liability, Disability & Workers’ Comp Insurances **as indicated above**

ELECTRICAL INSPECTION SERVICES

Certified Electrical Inspections Inc.
188 Park Ave
Amityville, NY 11701
(888)-238-1338 (631)-598-5610

Electrical Inspectors Inc.
308 East Meadow Ave
East Meadow, NY 11554
(516)794-0400

Suffolk Bureau of Electrical Inspectors Inc.
40 Nottingham Drive
Middle Island, NY 11953
(631)495-8136 3/10/14

Electrical Inspection Service Inc.
375 Dunton Avenue
East Patchogue, NY 11772
(631)286-6642 6/13/11

Alliance Electrical Inspections Ltd
707 Hyman Avenue
West Islip, NY 11795
(516)248-0820 (631)539-6055 6/13/11

Long Island Electrical Inspectors, Inc.
21 Third Avenue
Bayshore, NY 11706
(631)708-6690 7/8/13

NYS Electrical Inspections, Inc.
278 Indian Head Road
Kings Point, NY 11754
(631)466-4235 (631)292-2710 7/13/20

***The above electrical inspection companies are the ONLY electrical inspectors authorized by the Village of Great Neck Estates Board of Trustees.**

NON REFUNDABLE FEE: _____

Permit # _____

Receipt # _____

VILLAGE OF GREAT NECK ESTATES

4 Gateway Drive, Great Neck, NY 11021 516-482-8283 fax: 516-482-5572

APPLICATION FOR A PERMIT

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

TYPE: New Building _____ Addition _____ Alteration _____ Accessory Structure _____

PROPERTY INFORMATION

Section 2 Block _____ Lot(s) _____ Zoning District _____

Location: _____

ESTIMATED COST OF WORK \$ _____

DESCRIPTION OF WORK _____

1. OWNER (s) Name: _____

Address: _____

Cell Phone #: _____ Home Phone #: _____ Email: _____

2. ARCHITECT' S NAME: _____

Address: _____

Cell Phone #: _____ Office Phone #: _____ Email: _____

3. CONTRACTOR' S NAME: _____

Address: _____

Cell Phone #: _____ Office Phone #: _____ Email: _____

4. LICENSED ELECTRICIAN' S NAME: _____

COMPANY NAME: _____

Address: _____

Cell Phone #: _____ Office Phone #: _____ Email: _____

5. LICENSED PLUMBER' S NAME: _____

COMPANY NAME: _____

Address: _____

Cell Phone #: _____ Office Phone #: _____ Email: _____

****NY State Law requires that Certificates of Workers' Compensation Insurance, General Liability Insurance, and Disability Insurance be filed with this application for ALL contractors and subcontractors performing work pursuant to this application. See minimum insurance requirements. The Incorporated Village of Great Neck Estates, its Officers, Agents and Employees must be named as Additional Insured and Certificates must identify the job location. Additionally Insured Endorsement Form(CG2012) naming The Incorporated Village of Great Neck Estates, its Officers, Agents and Employees must also be submitted. Hold Harmless agreement must be completed by the Owner.**

State of New York)
 SS:
County of Nassau)

_____ being duly sworn, says he/she is the
Print Name of Applicant

_____ for the work described herein,
Owner, Agent, Architect, Contractor, Builder, Contract Vendee(Circle one)

and hereby certifies that all statements made in this application are true to the
best of his/her knowledge and belief.

Signature of Applicant

Sworn to before me this _____ day
of _____, 20____.

Notary Public

AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION

State of New York)
 SS:
County of Nassau)

(I) (We) , _____ being duly sworn, state:

Complete Items #1, 2 or 3 as applicable, then Item #4

- 1. (I am) (We are) the owner(s) of the property described in this application known
as _____, and described on the Nassau County Land and Tax
Map as Section 2, Block _____, Lot(s) _____.
- 2. If the applicant is a corporation, the deponent is an officer thereof, to wit the
_____, and is authorized by the Board of Directors of the corporation
to execute this application on behalf of the corporation.
- 3. If the applicant is a partnership, the deponent, _____ is a general
partner thereof, and has authority to execute this application in the name of the
partnership.
- 4. If the applicant is an entity other than a corporation or partnership, the deponent, has
authority to execute this application in the name of the entity
- 5. (I) (We) hereby authorize _____ to submit this application.

(Applicant's Name)

Signature of Owner, and Title (if any)

Signature of Owner, and Title (if any)

Sworn to before me this _____ day
of _____ 20____.

Notary Public

HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, (Owner) _____, shall indemnify, defend and hold harmless the **Incorporated Village of Great Neck Estates**, its elected and appointed officials, agents, employees and volunteers from and against all claims, damages, losses and expenses, including, but not limited to, reasonable attorneys' fees, arising out of or resulting from the performance of activities of (Address) _____

(Description of proposed work) _____

or of its officers, agents, employees and/or sub-contractors, provided that such claim, damage, loss or expenses is attributable to bodily injury, sickness, disease or death or to injury to or destruction of tangible property (other than the work itself), including the loss of use resulting there from, regardless whether or not it is caused in part by a party indemnified thereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist in favor of any party or person, described in these paragraphs.

In any and all claims against the **Incorporated Village of Great Neck Estates**, its elected and appointed officials, agents, employees or volunteers by any employee of the contractor or subcontractor, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, the indemnification obligation under the above paragraph shall not be limited in any way by any limitation on the amount of type of damages, compensation or benefits payable by or for the contractor or their sub-contractor under Workers Compensation acts, disability acts, or other employee benefit acts.

In witness whereof, the undersigned has executed this agreement this _____ day of _____, 20____.

Signature

Print Name & Title

Signature

Print Name & Title

STATE OF NEW YORK

COUNTY OF _____: SS

On the _____ day of _____, 20____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity(ies), and that by his/her signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument/

Notary Public _____

VILLAGE OF GREAT NECK ESTATES

Machinery Operation Compliance Agreement

NOTICE

Section one. Paragraph A of Section 154-2 of the Code of the Village of Great Neck Estates is hereby amended, to read as follows:

A. No person shall permit or cause the operation of any machinery, including lawn mowers, drills, power saws or other equipment,

(a) between the hours of 7:00pm on any day and 8:00am on the following day,

(b) on Saturdays, for more than an aggregate of thirty (30) minutes at any one property,

(c) or at any time on Sundays or holidays,

if such operation causes the emission of noise audible beyond the boundary of the property on which the machinery or equipment is located.

I, the undersigned, have read, understand and will comply with the aforementioned section of the Village Code.

Print Name (Owner)

Print Name (Contractor) (Company Name)

Signature

Signature

Date

Date

VILLAGE OF GREAT NECK ESTATES

Permit _____

Building Permit Summary Assessor's Form

(To be completed by Architect with application)

Owner: _____

Section: 2 Block: _____ Lot(s): _____ Property Description: Residential Commercial

Property Location: _____

Type of Permit: Full Demolition New Construction Addition Dormer Renovation

Description of Permit: _____

Existing:

Lot Size: _____ Gross Floor Area (excluding garage): _____

Style: _____ # of stories: _____ Bathrooms: # Full _____ # Half _____

First Floor: _____ sq.ft. Second Floor: _____ sq.ft. Basement: Full Partial Slab

Garage: # Cars: _____ Central Air: _____ Inground Pool: _____ Deck: _____ sq.ft. Porch: _____ sq.ft.

Fireplace #: _____ Type _____ Finished Cellar _____ sq.ft. Finished Attic: _____ sq.ft. Other: _____

Improvements (Total as complete)

Increase in Gross Floor Area : _____ sq.ft. Final Gross Floor Area: _____ sq.ft.

Style: _____ # of stories: _____ Bathrooms: # Full _____ # Half _____

First Floor: _____ sq.ft. Second Floor: _____ sq.ft. Basement: Full Partial Slab

Garage: # Cars _____ Central Air: _____ Inground Pool: _____ Deck: _____ sq.ft. Porch: _____ sq.ft.

Fireplace #: _____ Type _____ Finished Cellar _____ sq.ft. Finished Attic: _____ sq.ft. Other: _____

Kitchen Reno: _____ Bathroom Reno: _____ Siding/Veneer: _____ Portico: _____ Porch _____ sq.ft.

FOR OFFICE USE ONLY:

Percentage of Completion _____ % as of _____/_____/_____ Bldg Insp _____

Percentage of Completion _____ % as of _____/_____/_____ Bldg Insp _____

Percentage of Completion _____ % as of _____/_____/_____ Bldg Insp _____

Previous Assessment: Land _____ Building _____ TAV _____



**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 _____ ZIP _____ CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____ OWNER OR LESSEE ADDRESS _____ CITY, STATE, ZIP _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION _____ PHONE _____

PERMIT EXP DATE _____ STEEL _____ EMAIL _____

LOT SIZE S.F. _____ MASONRY _____ IF YOU WISH TO GROUP OR APPORTION LOTS
BLDGS ON LOT _____ FRAME _____ PLEASE CALL 516-571-1500 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		DOES RESIDENCE HAVE THE FOLLOWING	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE	CENTRAL AIR	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	FINISHED ATTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	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"/> RELOCATION		
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT		
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL		
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT		
<input type="checkbox"/> OTHER _____	<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

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