

Fee: \$250

Receipt #

Date

**CESSPOOL/SEWAGE DISPOSAL/DRAINAGE SYSTEM PERMIT APPLICATION**

All applications for Sewage Disposal Systems must be accompanied with three (3) surveys, two (2) showing location of new or existing work in relation to exterior walls of building, property lines and all other sewage disposal structures.

Leaching pools shall be constructed of pre-fabricated concrete cylinders with pre-cast cone or slab tops, or standard 8-inch interlocking cement drainage blocks. If built of blocks, the walls or sides of the excavation must at all times during the progress of the work, be adequately shored and braced. Upper part of block pools shall be of solid dome construction laid up with Portland cement (1 part cement, 2 parts sand). All leaching pools shall be provided with solid removable cover of cement or stone. Outside walls of leaching pools shall have at least 12 inches backfill of clean sand, coarse gravel or broken stone. Cover to be not more than 2 feet below finished grade. Leaching pools shall not be less than 8 feet in diameter and shall be located at least 20 feet away from walls of any dwelling. Extra heavy cast iron pipe with caulked joints must be run 10 feet outside of the walls of the building and can then be connected to pipe approved by the Building Inspector.

Septic tanks are to be set approximately 2 feet below grade and line from house drain to a septic tank is to be of extra heavy C.I. Pipe with lead and oakum joints. Line from septic tank to leaching pool to be of Transite, plastic or similar root excluding pipe and its joints. Where soil and drainage conditions preclude the proper functioning of leaching pools, effluent from septic tanks is to be drained into the upper layers of soil by means of a drain tile field approved by the Building Inspector. It shall be unlawful to permit anyone to enter any excavation of over 5 feet in depth that is not adequately shored or curbed to provide safety from cave-in.

All excavations below 5 feet in depth must be shored. **YOU MUST COMPLY WITH ALL OSHA REQUIREMENTS.**

**\*SPECIAL NOTE: The Building Inspector MUST be notified immediately before work starts and for a Final Inspection before backfilling. Call Village Hall 516-482-8283 for an appointment.**

Location \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Owners Name \_\_\_\_\_

Owners Address \_\_\_\_\_

Owners Cell Phone# \_\_\_\_\_ Home# \_\_\_\_\_ EMAIL \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ 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. Hold Harmless agreement must be completed by the Owner. Contractor's Nassau County License & Additionally Insured Endorsement Form #CG2012 must also be submitted.**

**TYPE OF INSTALLATION**

Septic Tank \_\_\_\_\_ Drain Field \_\_\_\_\_ Leaching Pool \_\_\_\_\_

If Leaching Pool: Width \_\_\_\_\_ Depth \_\_\_\_\_

**AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION**

*All Owners must sign either as owner or applicant*

State of New York )

SS:

County of Nassau )

(I)(We), \_\_\_\_\_ being duly sworn, state:

**Print Owner(s) Name**

**Complete Items #1 and #2 if applicable**

(1) (I am) (We are) the owner(s) of the property described in this application known as

\_\_\_\_\_, and described on the Nassau County

**Address**

Land and Tax Map as Section \_\_\_\_\_, Block \_\_\_\_\_, Lot(s)\_\_\_\_\_.

(I) (We) hereby authorize \_\_\_\_\_ to submit

**Applicant's Name**

this application.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Signature of Owner**

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Signature of Applicant**

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**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**

# HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, (owner's name), 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 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\_\_\_\_\_.

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Print Name**

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.

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Print Name (*Owner*)

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Print Name (*Contractor*)

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Business Name

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Signature

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Signature

---

Date

---

Date

(4)

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

**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<sup>rd</sup> 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.



**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: \_\_\_\_\_ CITY, TOWN, VILLAGE \_\_\_\_\_ ZIP \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

WORK MUST BEGIN BY \_\_\_\_\_ PERMIT EXP DATE \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_ # BLDGS ON LOT \_\_\_\_\_

PRINCIPLE TYPE OF CONSTRUCTION:  STEEL  MASONRY  FRAME

NAME OF BUSINESS: \_\_\_\_\_ CONTACT PERSON/OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IF YOU WISH TO GROUP OR APPORTION LOTS  
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**

NEW BUILDING  ADDITION (CHANGE IN S.F.)  DEMOLITION  ALTERATION (NO CHANGE IN S.F.)  MAINTAIN (PRE-EXISTING)  RECONSTRUCTION  DECK, TERRACE, PORCH, CARPORT  DORMERS  OTHER \_\_\_\_\_

FIRE DAMAGE  GARAGE/ OUT BUILDING  HVAC  PLUMBING  RELOCATION  REPLACEMENT  SWIMMING POOL  TENNIS COURT  CHANGE IN USE

**DOES RESIDENCE HAVE THE FOLLOWING**

CENTRAL AIR YES  NO

FINISHED ATTIC YES  NO

**BASEMENT FINISH**

1/4  1/2  3/4  FULL

**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  NO

VARIANCE OBTAINED YES  NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES  NO

SURVEY ENCLOSED YES  NO

**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**

FIELD REPORT ON REVERSE Address of Applicant/Contact Person Telephone

Rev 08/11

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