

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 DEMOLITION PERMIT APPLICATION

Fee is based on Estimated Cost of Job and must be submitted with application:

**\$250 Filing Fee, plus \$15 for each \$1,000 of Demolition cost and
\$125 Certificate of Occupancy or Certificate of Completion**

RESOLVED, effective immediately, that Village Code 109-1(A) is hereby amended with respect to fees for Demolition Permits, to read as follows:

"Demolition Permit \$250 + \$15 each thousand. In addition, the fee for such permit shall include reimbursement of reasonable fees and expenses incurred by the Village for professional consultants to monitor or regulate the demolition work, and the Village Clerk may require the applicant to pay a deposit toward such fees and expenses in the same manner as provided in Village Code 109-B(2) and (5)."

Complete one (1) "APPLICATION FOR A DEMOLITION PERMIT"

Provide supporting documents indicated on page 2

Submit two (2) sets of plans, prepared by an Architect or Engineer licensed in NYS clearly indicating structure(s) to be demolished, individually folded and stapled together to show the project name and location face up. The plans must clearly show the full extent and dimensions of the proposed work as separated from the existing conditions remaining or to be removed. All information, diagrams, and calculations to show compliance with the zoning regulations must be shown on the first sheet of the drawings preferably near the site plan.

The site plan must show the following information :

- Building(s) to be demolished
- Location of utilities
- Indication of how site will be protected during and after demolition
- Measures to maintain all drainage on the site during and after demolition
- Location & caliper of all existing trees, and method of protection during demolition
- Trees to be removed must be clearly shown
- Construction fence, type, height and location

Provide a current original Architectural survey (signed and sealed by a surveyor licensed in the State of New York). The survey must identify dimension and show the location and size of all existing construction on the property. It should also show the square foot area and dimensions of the property as well as all utility locations. All trees greater than 6" caliper and any spot grades necessary to determine compliance with the zoning regulations.

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.

All of the aforementioned documentation represents a package, which must be processed through the various reviewing agencies established for everyone's protection. Should the Building Department require additional documentation or information, you will be notified.

The required inspections are listed on the approved set of plans and your permit. Inspection appointment requests must be made at least 24 hours in advance and are subject to scheduling.

Inspection and or certification by other governmental agencies may be required depending on the nature of the project. IT IS THE APPLICANT'S RESPONSIBILITY TO KNOW AND OBTAIN ANY REQUIRED AGENCY INSPECTION AND APPROVAL PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY. Information concerning the required agency approvals may be obtained from the Building Department upon request.

*****At the completion of the Demolition, the final stamped, signed and approved plans are required to be provided to the Village on a scanned disc prior to the issuance of the Certificate of Compliance.**

VILLAGE OF GREAT NECK ESTATES

REQUIREMENTS FOR A DEMOLITION PERMIT

1. **Completed application form and fee**
2. **Current Survey** signed and sealed by a surveyor licensed in the State of New York). The survey must identify dimension and show the location and size of all existing construction on the property. It should also show the square foot area and dimensions of the property and any spot grades necessary to determine compliance with the zoning regulations.
3. **Proof of ownership of the property (deed)**
4. **Proof of payment of all taxes (Village, School & General)**
5. **Nassau County Assessors Form**
6. **Shut-off certification from all utility companies**
Gas & Electric: **NATIONAL GRID/PSEG**
Water: **WATER AUTHORITY OF GREAT NECK NORTH**
Sewer (if applicable): **GREAT NECK WATER POLLUTION CONTROL DISTRICT/BELGRAVE SEWER DISTRICT**
7. **Nassau County Dept. of Health Rodent Form**
(Note the expiration date on the form prior to demolition)
8. **Certification by an asbestos contractor that all asbestos has been removed or that none exists.**
9. **Satisfactory lead report**
(Building to be demolished in accordance with NYS Dept. of Labor Law #29 CFR1926.62)
10. **Affirmation of Non-Leaking Oil Tank (2 page letter)**
Nassau County Dept. of Health, Bureau of Environmental Protection - (516) 227-9691
11. **Remove and fill existing sanitary & drywells**
12. **Nassau County Demolition License** w/Name & Address
Commercial General Liability Insurance – Indicating address of job and naming the Village of Great Neck Estates as “additionally insured”. With a minimum of 2 Million (\$2,000,000) aggregate and 1 Million (\$1,000,000) per occurrence is required, with a 2 Million (\$2,000,000) umbrella.
Additional Insured Endorsement Form (CG20 12)
Disability Insurance (Form DB120)
Certificates of Workman’s Compensation Insurance (Form C105.2)
13. **Certification that there are no outstanding loans or liens on the property** mortgage satisfaction form or certification from the mortgage company that permission has been granted to demolish.

NON REFUNDABLE FEE: _____

Permit # _____

Receipt # _____

Permit Issued _____

VILLAGE OF GREAT NECK ESTATES

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

APPLICATION FOR A DEMOLITION 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: Demolition _____

PROPERTY INFORMATION

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

Location: _____

ESTIMATED COST OF WORK \$ _____

DESCRIPTION OF WORK _____

1. OWNER (s) Name: _____

Address: _____

Home Phone # _____ Business Phone # _____ 24-Hr. Emergency # _____

2. ARCHITECT'S NAME: _____

Address: _____

Architect's Phone #: _____ Email: _____

3. CONTRACTOR'S NAME: _____

Address: _____

Contractor's Phone #: _____ Contractor's 24 Hr. Emergency # _____

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 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.

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

(Job location & 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 ____.

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



**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: OWNER OR LESSEE NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____ CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____ ADDRESS _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME CITY, STATE, ZIP _____

PERMIT EXP DATE _____ PHONE _____

LOT SIZE S.F. _____ EMAIL _____

BLDGS ON LOT _____ 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	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 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 _____	<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 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 _____

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

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 _____