

Fee \$200

Receipt # _____

Date _____

VILLAGE OF GREAT NECK ESTATES GENERATOR PERMIT APPLICATION

Address: _____ Section 2 Block _____ Lot (s) _____ Zone _____

Owner's Name (s) _____ Estimated Cost of Work \$ _____

Owner's Cell Phone # _____ Home # _____ EMAIL: _____

INSTRUCTIONS

Provide a **Survey** or "Sketch Plan" of the proposed equipment to be installed showing the following:

- Distances in feet from Generator to all property lines in compliance with the Zoning Regulations.
- Minimum 5'-0" clearance to any window in accordance with NFPA 37.
- Clearance between Generator and combustible exterior walls in accordance with NFPA 37 and manufacturer's specifications.
- Landscape screening to providing a visual buffer from adjoining properties.
- Note indicating that a Sign is to be provided at the Service/equipment entrance indicating the type and location of the Generator and any other standby power sources
- Plumbing Riser Diagram for gas service to the generator, if applicable.
- Specification Sheet for the Generator including Make and Model #, Kilowatt rating, decibel level, generator enclosure, etc.

An Electrical Inspectors Certificate is required upon completion of the electrical work.

The required inspections are listed on the Generator Permit. Inspection appointment requests are made 24 hours in advance and are subject to scheduling availability.

Description

Contractor's Name _____

Contractor's Address _____

Contractor's Telephone # _____ EMAIL: _____

Plumber's Name _____

Plumber's Address _____

Plumber's Telephone # _____ EMAIL: _____

Electrician's Name _____

Electrician's Address _____

Electrician's 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. Additionally Insured Endorsement Form #CG2012 required. The Village of Great Neck Estates must be named as Additional Insured and Certificates must identify the job location.

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(s)

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

(I am) (We are) the owner(s) of the property described in this application known as (Address) _____, and described on the Nassau County Land and Tax Map as Section 2 Block _____, Lot(s) _____.

- (1) 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.
- (2) 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.
- (3) (I) (We) hereby authorize _____ to submit this application.

Print Applicant's Name

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

Machinery Operation Compliance Agreement

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:

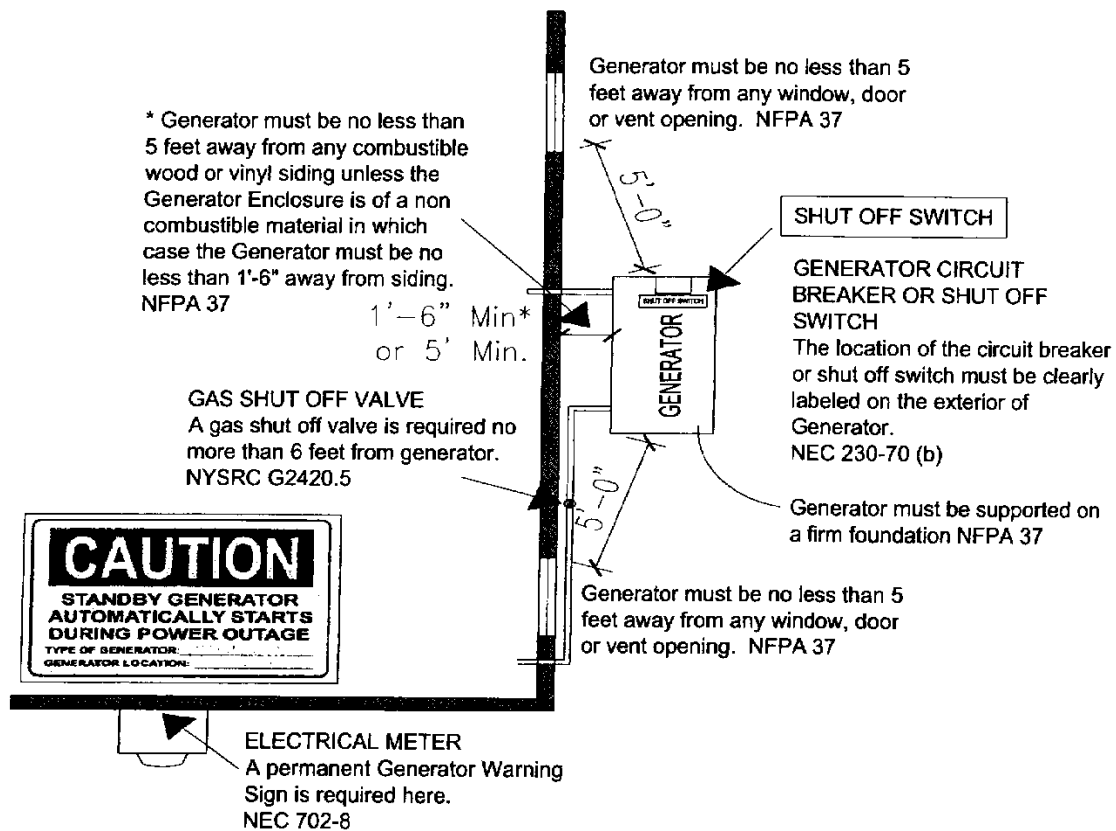
- A. No person shall permit or cause the operation of any machinery, including lawn mowers, drills, power saws or other equipment,**
 - (a) between the hours of 7:00pm on any day and 8:00am on the following day,**
 - (b) on Saturdays, for more than an aggregate of thirty (30) minutes at any one property,**
 - (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 /Title

Signature

Date



Village of Great Neck Estates
RESIDENTIAL STANDBY GENERATOR REQUIREMENTS

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 Duntun 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.**



**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: _____

Check one
 OWNER OR
 LESSEE

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 | | 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: _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

Signature of Applicant/Contact Person - Sign & Print

Address of Applicant/Contact Person

Telephone

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

Rev 08/11