

# VILLAGE OF GREAT NECK ESTATES

## SOLAR PERMIT APPLICATION INSTRUCTIONS and REQUIREMENTS

- **Complete the attached Application, submit 2 sets of plans and the Non-Refundable Filing Fee: Application \$300, +Architectural Review Board \$200, +Certificate of Completion \$125**
- **Provide a copy of the Contractor's Nassau County License, Liability Certificate (Accord Form), Disability Certificate (DB120 Form), Worker's Compensation Certificate (C105.2 Form) and Additionally Insured Endorsement Form (#CG2012 Form) (Insurance & License Requirements/Instructions attached)**
- **Electricians need to have a Great Neck Estates Electrician's License (\$50/year) and must also provide a copy of their Master License, Liability (Accord Form), Disability (DB120 Form), & Worker's Compensation (C105.2 Form) (Insurance & License Requirements/Instructions attached)**
- **Provide renderings of all sides of the house where the roof contains solar panels  
Provide specifications on the colors of the panels and trim  
It is preferable that solar panels are located on Non-Front Facing roofs**
- **Architectural Review Board - After plan review and referral by the Building Inspector: You will need to Submit 10 color copies of the proposed plans including renderings and 1 flash drive with a digital copy of the submission for the ARB. 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 and permit issuance. ***NO CONSTRUCTION MAY TAKE PLACE WITHOUT A BUILDING PERMIT SIGNED BY THE BUILDING INSPECTOR.*****
- **A Final Inspection, an Electrical Inspection Certificate and a Controlled Inspection Report by the Engineer are required for Certificate of Compliance**

# VILLAGE OF GREAT NECK ESTATES

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

## INSURANCE & LICENSE REQUIREMENTS

### CONTRACTOR:

- **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 the 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**

### ELECTRICIAN:

- Village of Great Neck Estates Electrician’s License - **\$50/year**  
Master Electrician’s License, Liability (Acord Form), Disability (DB120 form)  
& Workers’ Comp (C105.2 form) **Certificate format as indicated above**

# VILLAGE OF GREAT NECK ESTATES

## INSURANCE REQUIREMENTS

**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.

# VILLAGE OF GREAT NECK ESTATES

## ELECTRICAL INSPECTION SERVICES

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

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

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

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

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

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

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

**\*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 # \_\_\_\_\_

Application \$300 + Architectural Review Board \$200 +  
Certificate of Completion \$125

# VILLAGE OF GREAT NECK ESTATES

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

## SOLAR PERMIT APPLICATION

### PROPERTY INFORMATION

Section 2 Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning District \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ESTIMATED COST OF WORK \$ \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. OWNER (s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

2. ARCHITECT: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

3. CONTRACTOR: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

4. LICENSED ELECTRICIAN: \_\_\_\_\_

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. 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*

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**  
*All Owners must sign as owner and/or applicant*

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**

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

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

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

(6)

# 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**

\_\_\_\_\_  
**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.

\_\_\_\_\_  
Print Name (*Owner*)

\_\_\_\_\_  
Print Name (*Contractor*)      (*Company Name*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 Address: \_\_\_\_\_

Type of Permit: Full Demolition  New Construction  Addition  Dormer  Renovation  Solar

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. Solar: \_\_\_\_\_

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 #: \_\_\_\_\_ Finished Cellar \_\_\_\_\_ sq.ft. Finished Attic: \_\_\_\_\_ sq.ft. Other: \_\_\_\_\_

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

Solar Panels: \_\_\_\_\_

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**

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

TOWN - CITY - VILLAGE OF: \_\_\_\_\_

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

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

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

PERMIT EXP DATE	<input type="checkbox"/> STEEL	EMAIL
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LOT SIZE S.F.	<input type="checkbox"/> MASONRY	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
# BLDGS ON LOT	<input type="checkbox"/> FRAME	

**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 _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> <b>BASEMENT FINISH</b> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<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	

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

Rev 08/11

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