

Fee **\$200**  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

## VILLAGE OF GREAT NECK ESTATES GENERATOR PERMIT APPLICATION

Location of Work \_\_\_\_\_ Section 2 Block \_\_\_\_\_ Lot (s) \_\_\_\_\_ Zone \_\_\_\_\_  
Owner's Name (s) \_\_\_\_\_ Estimated Cost of Work \$ \_\_\_\_\_  
Owners Home Phone # \_\_\_\_\_ Business # \_\_\_\_\_ 24 Hr Emergency # \_\_\_\_\_

### INSTRUCTIONS

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

- 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.

**A New York Board of Fire Underwriter's Certificate or 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**

### Description

\_\_\_\_\_  
\_\_\_\_\_

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

Contractor's Address \_\_\_\_\_

Contractor's Telephone # \_\_\_\_\_ 24 Hr Emergency # \_\_\_\_\_

Plumber's Name \_\_\_\_\_

Plumber's Address \_\_\_\_\_

Plumber's Telephone # \_\_\_\_\_ 24 Hr Emergency # \_\_\_\_\_

Electrician's Name \_\_\_\_\_

Electrician's Address \_\_\_\_\_

Electricians's Telephone # \_\_\_\_\_ 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 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 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 \_\_\_\_\_, 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.

\_\_\_\_\_  
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:

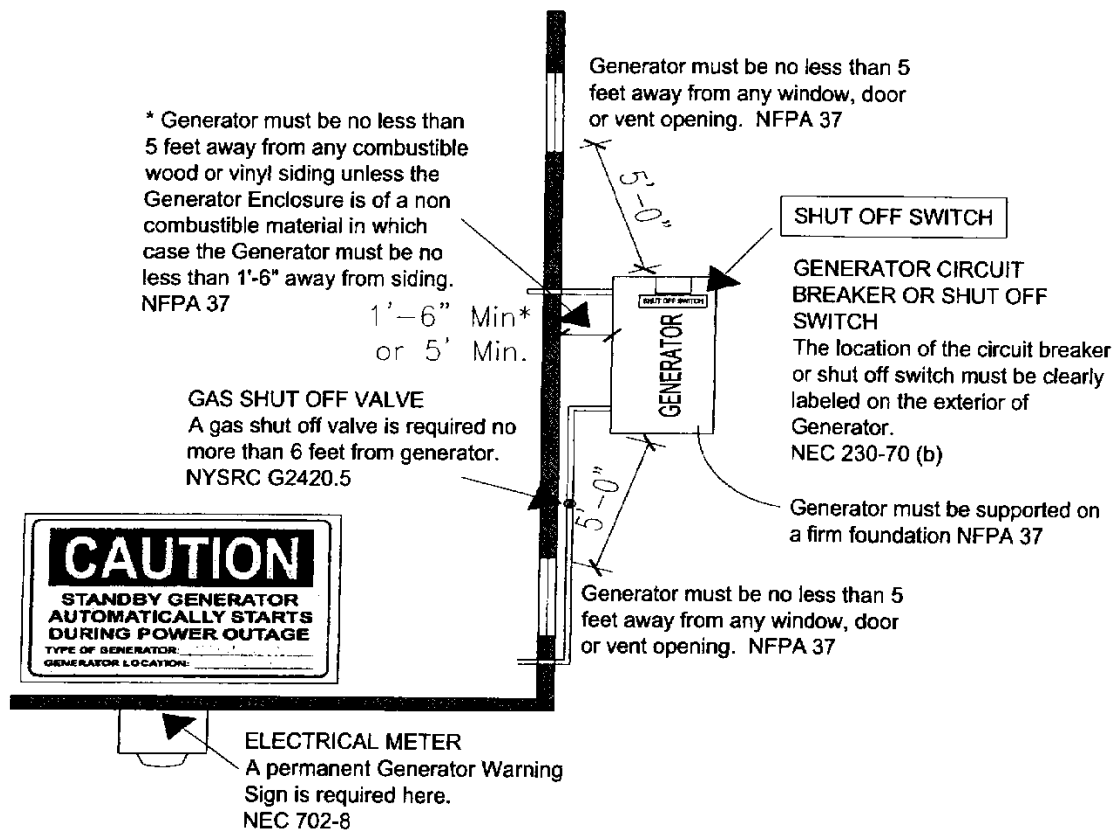
- A. No person shall permit or cause the operation of any machinery, including lawn mowers, drills, power saws or other equipment,**
    - (a) between the hours of 7:00pm on any day and 8:00am on the following day,**
    - (b) on Saturdays, for more than an aggregate of thirty (30) minutes at any one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



**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		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	<b>BASEMENT FINISH</b>	
<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

Address of Applicant/Contact Person Telephone

FIELD REPORT ON REVERSE

Rev 08/11

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