

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**

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

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.**

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

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 rd 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.

Please fill out, sign and return with permit application.

 <p>BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT NASSAU COUNTY 240 Old Country Road, Mineola, NY 11501</p>					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	
CITY, TOWN, VILLAGE			ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:				ADDRESS		
WORK MUST BEGIN BY				CITY, STATE, ZIP		
PERMIT EXP DATE		PRINCIPLE TYPE OF CONSTRUCTION		PHONE		
LOT SIZE S.F.		<input type="checkbox"/> STEEL		EMAIL		
# BLDGS ON LOT		<input type="checkbox"/> MASONRY		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION		
		<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"/> 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				
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)		<input type="checkbox"/> RELOCATION		1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>		
<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		
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING				Address of Applicant/Contact Person		
FIELD REPORT ON REVERSE				Telephone		

Rev 08/11