

VILLAGE OF GREAT NECK ESTATES

Fee: _____

Receipt#: _____

Date: _____

APPLICATION FOR A PERMIT TO ERECT AND MAINTAIN A SIGN OR AWNING
NO WORK IS TO BE STARTED UNTIL A PERMIT HAS BEEN RECEIVED

INSTRUCTIONS

A separate application must be submitted for EACH sign to be erected.

A recent color photograph of the subject premises showing the buildings on both sides must accompany this application along with samples of the colors and materials to be used on the sign. All applications must be reviewed by the Architectural Review Board and approved by the Trustees. The applicant or a representative must appear at the Architectural Review Board meeting. Dates will be assigned upon acceptance of this application.

APPLICATION IS HEREBY made to the BOARD OF TRUSTEES of the VILLAGE OF GEAT NECK ESTATES for a permit to erect and maintain a sign in accordance with this application and the regulations of the Code of The Village of Great Neck Estates.

SIGN/NAME _____

SIGN/LOCATION _____

Storeowner's Name _____

Storeowner's Address _____

Home Phone No. _____ Business No. _____ 24 Hr Emergency No. _____

Property Owner(s) (if individual):

Name _____

Address _____ Telephone _____

Property Owner (if corporation or partnership):

Name _____

Address _____ Telephone _____

Name and title of corporate officer making application: _____

Sign/Awning to be erected by*: Name: _____

Address: _____

Business Phone No: _____ 24 Hr. Telephone No: _____

***Provide Copies of Insurance:**

Liability, Disability & Worker's Comp with Village of Great Neck Estates as Certificate Holder

SIGN DESCRIPTION

Height of sign including background _____

Width of sign including background _____

Height of top of sign above curb _____

Width of store front _____

Is sign illuminated? YES _____ NO _____

Area of proposed sign(s) in square feet _____

Area of existing sign(s) in square feet _____

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY AN ACCURATE COLOR DRAWING OF THE PROPOSED SIGN INDICATING ITS LOCATION ON THE BUILDING, IN DUPLICATE (*10 ADDITIONAL COLOR DRAWINGS WILL BE REQUIRED FOR SUBMISSION TO THE ARCHITECTURAL REVIEW BOARD AND THE BOARD OF TRUSTEES). THE DRAWING MUST INDICATE THE EXACT TEXT, TYPE OF MATERIALS, AND COLORS.

Applicant _____

Signature

Date _____

Sworn to before me this
day of _____, 20____.

Notary Public



**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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON/OWNER
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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 <input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
# BLDGS ON LOT	

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"/> BASEMENT FINISH 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

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