

**BUILDING PERMIT APPLICATION**  
**\$100.00 Non- Refundable Application Fee Required.**

DATE: \_\_\_\_\_

**PROPERTY INFORMATION:**

SECTION: 2 BLOCK: \_\_\_\_\_ LOT(S): \_\_\_\_\_

PRIVATE HOME: \_\_\_\_\_ APARTMENT: \_\_\_\_\_ CONDOMINIUM: \_\_\_\_\_ CO-OP: \_\_\_\_\_

OWNER'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

OCCUPANT'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS/CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

Is this a permit to legalize an existing structure? YES \_\_\_\_\_ NO \_\_\_\_\_

ESTIMATED COST OF PROPOSED CONSTRUCTION: \_\_\_\_\_

**ARCHITECT/ENGINEER:**

NAME: \_\_\_\_\_ LIC#: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

**CONTRACTOR:**

NAME: \_\_\_\_\_ LIC#: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

**ELECTRICIAN:**

NAME: \_\_\_\_\_ LIC#: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

**PLUMBER:**

Separate Plumbing Application must be filed and a separate plumbing permit issued.  
All plumbers must be licensed within Nassau County.

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**OFFICE USE ONLY**

Application Rec'd. By: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date Building Dept./Board Approved: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_

**VILLAGE OF GREAT NECK PLAZA  
BUILDING DEPARTMENT  
BUILDING OWNER'S AUTHORIZATION**

I (we) hereby certify that:

- 1) The information provided on this permit application is true and correct. I understand that the Village of Great Neck Plaza will approve or deny a permit based on the information provided.
- 2) I agree to permit the Building Inspector and any officer or employee of the Village of Great Neck Plaza to enter upon the premises in the discharge of their duties with this application.
- 3) Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
- 4) Building Inspector will be given a minimum of 48 hours' notice to make the required inspection and no work will continue until such inspection has been completed and approved.
- 5) Owner or his representative will be responsible to arrange for all required inspections.

State of New York]  
County of Nassau]

Property Owner - Please Print

\_\_\_\_\_

Property Owner deposes and says that he/she resides at:

\_\_\_\_\_

in the State of \_\_\_\_\_, that he/she is the owner in fee of all certain lots, parcel of land known as Section   2   Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ situated, lying and being within the Village of Great Neck Plaza; that I/we have read and understand items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby

names \_\_\_\_\_ as his or her representative to file this application on his/her behalf.

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

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

**Note: If the applicant is other than the property owner, a notarized letter of authentication from the owner naming the applicant, architect or contractor as agent must accompany this application.**

## **INSURANCE REQUIREMENTS FOR CONSTRUCTION OPERATIONS**

### **WORKERS COMPENSATION**

Coverage	Statutory
Extensions	Voluntary compensation All states coverage employers Employer's liability - unlimited
Notice of Cancellation	30 Days
Evidence	Certificate of Insurance

### **COMPREHENSIVE LIABILITY**

Coverage	Occurrence - 1988 ISO or equivalent
Limits	General Aggregate \$2,000,000 Products - comp/Ops Aggregate \$1,000,000 Pers. & Advert. Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Damage (Any One Fire) \$ 50,000 Medical Exp. (Any One Pers.) \$ 5,000
Notice of Cancellation	30 Days
Additional Insured	Inc. Village of Great Neck Plaza, all elected and appointed officials, employees and volunteers using ISO Form CG2010(B) or equivalent.
Evidence	Certificate of Insurance and copy of additional insured endorsement

### **OWNERS PROTECTIVE**

Coverage	Occurrence
Limits	Minimum Limit - \$1,000,000 CSL
Premium Payment	Responsibility of Contractor
Policy Period	Start of project and until project is accepted as completed by owner
Notice of Cancellation	30 Days
Evidence	1) Certificate of Insurance 2) Copy of Binder 3) Copy of original policy to be delivered within 45 days of start of project