

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

DATE 03/16/2026

**PROPERTY INFORMATION:**

SECTION: 2 BLOCK: 202 LOT(S): 185

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

OWNER'S LAST NAME: 68 Grace Ave LLC c/o The Daten Group FIRST NAME: \_\_\_\_\_

ADDRESS: 10 Cuttermill Road, Suite 206, Great Neck, NY 11021

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

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

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

DESCRIPTION OF WORK: Construct Multi-Family Dwelling.

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

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

**ARCHITECT/ENGINEER:**

NAME: Mark Stumer LIC#: \_\_\_\_\_

BUSINESS NAME: Mojo Stumer and Associates PHONE NUMBER: 516-625-3344

ADDRESS: 14 Plaza Road, Greenvale, NY 11548

**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

Diocese of Long Island

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

36 Cathedral Ave., Garden City NY 11530

in the State of NY, that he/she is the owner in fee of all certain lots, parcel of land known as Section 2 Block 202 Lot(s) 185 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 68 Grace Ave LLC c/o The Daten Group as his or her representative to file this

application on his/her behalf.

Signature of Owner

*David Denis*

Sworn to me this

17

day of

March

2026

Signature of Notary Public

*Rashmi Jain*

RASHMI JAIN  
Notary Public, State of New Jersey  
My Commission Expires Aug 28, 2028

**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

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

### COMPREHENSIVE LIABILITY

<b>Coverage</b>	Occurrence - 1988 ISO or equivalent
<b>Limits</b>	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
<b>Notice of Cancellation</b>	30 Days
<b>Additional Insured</b>	<b>Liability insurance to say the following in the <u>description of operations box...</u></b>  Incorporated Village of Great Neck Plaza, all elected and appointed officials, employees and volunteers are included as additional insureds on a primary and non-contributory basis for general liability, auto liability and umbrella liability coverage as required by written contract. A waiver of subrogation applies in favor of the additional insureds for general liability as required by written contract.
<b>Evidence</b>	Certificate of Insurance and copy of additional insured endorsement

### NYS DISABILITY

<b>Required Form for NYS Disability</b>	DB120.1 - Certificate of Disability Benefits Insurance
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