

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.

=====

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	Liability insurance to say the following in the <u>description of operations box...</u> 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.
Evidence	Certificate of Insurance and copy of additional insured endorsement

NYS DISABILITY

Required Form for NYS Disability	DB120.1 - Certificate of Disability Benefits Insurance
---	--