

Village of Great Neck Plaza

2 Gussack Plaza, Great Neck, NY 11021
516-482-4500 Fax: 516-482-3503

SIGN PERMIT APPLICATION

SUBMIT ALL BELOW

\$100.00 Fee

Photo and Dimensions of Proposed Sign and Wording

Photo of Sides of Proposed Sign

Photo of Existing Area

Photo of Proposed Sign Superimposed on Building

Photo of Adjoining Buildings

If an Awning Sign a Sample of the Fabric Material

DATE _____

PROPERTY INFORMATION:

SECTION 2 BLOCK _____ LOT(S) _____

PROPERTY OWNER'S LAST NAME _____ FIRST NAME _____

ADDRESS _____ PHONE _____

BUSINESS OWNERS LAST NAME _____ FIRST NAME _____

HOME PHONE _____ BUSINESS/CELL PHONE _____

EMAIL _____

ADDRESS OF SIGN LOCATION _____

IS THIS A PERMIT TO LEGALIZE AN EXISTING SIGN? YES _____ NO _____

ESTIMATED COST OF PROPOSED CONSTRUCTION INCLUDING LABOR AND MATERIAL _____

SIGN CONTRACTOR:

NAME _____ LIC# _____

BUSINESS NAME _____ PHONE NUMBER _____

ADDRESS _____

ANY NEW ELECTRIC?: YES _____ NO _____ (IF YES SEE BELOW)

ELECTRICIAN:

NAME _____ LIC# _____

BUSINESS NAME _____ PHONE NUMBER _____

ADDRESS _____

===== **OFFICE USE ONLY** =====

Application Rec'd. By: _____ Fee Paid: _____

Date Building Board of Trustees Approved: _____ Permit # _____

Date Issued: _____ Issued By: _____

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

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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

DISABILITY DB-120

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.
Certificate Holder	
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