

Permit # \_\_\_\_\_ Permit Fee \_\_\_\_\_ Date \_\_\_\_\_ Job \_\_\_\_\_

**VILLAGE OF OLD WESTBURY**  
**APPLICATION FOR RESIDENTIAL BUILDING PERMIT**

**No building permits shall be issued without proper Board resolutions.**

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s) \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Contact for permit: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address location of permit \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*  
( ) New Dwell ( ) Addition /Alteration ( ) Fence/Wall ( ) Tank ( ) Other  
( ) Pool ( ) Deck ( ) Tennis Ct ( ) Driveway ( ) Shed/Cabana ( ) Generator  
\*\*\*\*\*

Architect: \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**The following must also submit General Liability  
and Workman's Compensation insurance with this application.**

Contractor: \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Plumber: \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Electrician: \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**PROPERTY INFORMATION:**

Is this a permit to legalize an existing structure? Yes ( ) No ( )

Will any trees be cut down? No ( ) Yes ( ) Tree Removal App attached ( )

Estimated cost of proposed construction. \_\_\_\_\_

SF of Lot \_\_\_\_\_ Current % of lot coverage \_\_\_\_\_

Existing volume per certification letter: \_\_\_\_\_

Zoning District \_\_\_\_\_ Proposed % of lot coverage \_\_\_\_\_

Proposed volume \_\_\_\_\_ Total volume on plot \_\_\_\_\_

Total lot coverage \_\_\_\_\_ Height \_\_\_\_\_ ft; Stories \_\_\_\_\_

BZA approval: ( )yes ( )no Site Plan Review: ( )yes ( )no ,

**Distances from proposed buildings to property lines.**

	Front yard	Rear yard	Side yard
Main building	_____ft.	_____ft.	_____ft.
Accessory structures	_____ft.	_____ft.	_____ft.

**OWNER'S AUTHORIZATION**

- 1) I agree to permit the Building Inspector and any officer or employee of the Village of Old Westbury to enter upon the premises in the discharge of their duties with this application.
- 2) Approved plans and a copy of approved permit will remain on the premises at all times until a Certificate of Occupancy is issued. These plans will be made available to the Building Inspector.
- 3) 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.
- 4) Owner or his representative will be responsible to arrange for all required inspections.
- 5) Permit will expire within one (1) year from date of issuance unless construction is in progress. No work is to be started until permit has been received by applicant.

State of New York)  
County of Nassau )

\_\_\_\_\_depose and say: that he/she resides at \_\_\_\_\_ mail address of owner in the State of \_\_\_\_\_, that he/she is the owner of all certain lots, parcel of land shown on the attached survey Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) situated, lying and being within the incorporated area of the Village of Old Westbury; that I/we have read and understand the items above 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 is 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  
\_\_\_\_\_

**APPLICATION FOR  
CERTIFICATE OF OCCUPANCY  
VILLAGE OF OLD WESTBURY  
NEW YORK**

Certificate No. \_\_\_\_\_ Application Date \_\_\_\_\_

Issued Date \_\_\_\_\_ Application Fee \_\_\_\_\_

The undersigned, as owner, or agent for owner, will request that final inspection be made and a Certificate of

Occupancy be issued for the (new/altered) building at the following location.

Sec. \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Street \_\_\_\_\_

Building Permit No. \_\_\_\_\_

Issued Date \_\_\_\_\_

No Certificate of Occupancy will be issued unless application is accompanied by a survey done by a Licensed Surveyor, locating the permitted structures on lot, a Final Electrical Underwriters Certificate prepared by an electrical company approved by the Village of Old Westbury, an Architect's certification letter and Final Inspection by the Village Building Inspector is done.

Signed \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

**AFFIDAVIT**

**SWIMMING POOL – LANDSCAPE SCREENING**

I, \_\_\_\_\_, am the owner of property located in Old Westbury, Section \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_.

I am aware that screening of my proposed swimming pool is required before a certificate of occupancy is issued and that I cannot use said swimming pool until the certificate is issued.

Please be advised that I have entered into a contract to screen the swimming pool with \_\_\_\_\_ of \_\_\_\_\_,

as soon after the pool is completed and the planting season permits, in order to comply with Section 216-20B of the Old Westbury Building Zone Ordinance.

OWNER \_\_\_\_\_.

ADDRESS \_\_\_\_\_.

\_\_\_\_\_.

Sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**AFFIDAVIT**  
**SWIMMING POOL – FENCING**

I, \_\_\_\_\_, am the owner of property located in Old Westbury, Section \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_.

I am aware that a fence is required to enclose the proposed swimming pool to be built on the above mentioned property. I am also aware that the pool may not be filled until said fence is constructed.

Please be advised that I have entered into a contract with \_\_\_\_\_ of \_\_\_\_\_, whose address is \_\_\_\_\_.

to construct the fence as soon after the pool is completed and before it is filled in order to comply with part 720 of the New York State Uniform Fire and Prevention and Building Code.

OWNER \_\_\_\_\_.

ADDRESS \_\_\_\_\_.

\_\_\_\_\_.

Sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_.

\_\_\_\_\_  
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)

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

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 \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

CITY, TOWN, VILLAGE: **OLD WESTBURY** ZIP: **11568**

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

WORK MUST BEGIN BY \_\_\_\_\_

PERMIT EXP DATE \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_

# BLDGS ON LOT \_\_\_\_\_

PRINCIPLE TYPE OF CONSTRUCTION  
 STEEL  
 MASONRY  
 FRAME

Check one  
 OWNER OR  
 LESSEE

NAME OF BUSINESS \_\_\_\_\_

CONTACT PERSON/OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP  
**OLD WESTBURY, NY 11568**

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**IF YOU WISH TO GROUP OR APPORTION LOTS  
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

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**

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHANGE IN USE

**DOES RESIDENCE HAVE THE FOLLOWING**

CENTRAL AIR YES  NO

FINISHED ATTIC YES  NO

**BASEMENT FINISH**

1/4  1/2  3/4  FULL

**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  NO

VARIANCE OBTAINED YES  NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES  NO

SURVEY ENCLOSED YES  NO

**PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE**

DATE OF GRANTING OF PERMIT \_\_\_\_\_

Signature of Applicant/Contact Person - Sign & Print \_\_\_\_\_

Address of Applicant/Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE