

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.

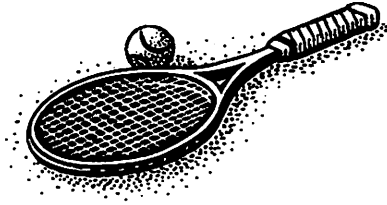
State of New York)
County of Nassau)

_____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



Sec.____, Blk.____, Lot ____.

TENNIS COURT AFFIDAVIT

I, _____, am the owner of property located in Old Westbury,

Address:_____.

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

Please be advised that I have entered into a contract to screen the tennis court with _____as soon after the court 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

**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. _____



**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)

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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON/OWNER
OLD WESTBURY	11568	

ESTIMATED COST OF CONSTRUCTION:	<input checked="" type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP
		OLD WESTBURY, NY 11568

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	<input type="checkbox"/> STEEL	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
# BLDGS ON LOT	<input type="checkbox"/> MASONRY	
	<input type="checkbox"/> FRAME	

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	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

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 <input type="checkbox"/>	NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

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