

## **Well Permit Application**

Village of Old Westbury  
1 Store Hill Road  
Old Westbury, NY 11568  
(516) 626-0800

### Requirements:

- Special Use Permit from DEC – must be attached to the Application
- Well Building Permit and Application Fee of \$750.00
- Certificate of Compliance Application and Fee of \$250.00
- Application Fee of \$150.00
- Survey showing location prepared by a licensed surveyor
- Contractors' General Liability and Workman's Compensation made out to the Village of Old Westbury as additional insured
- NYS DEC Final Certification
- Updated Survey required prior to the issuance of the Certificate of Compliance

### **ARTICLE III, Drilling of Wells** [Adopted 10/20/1986 by Local Law Number 5-1986]

#### **§ 210-47 Certain installed capacities prohibited.**

The drilling of any well for the production of potable or nonpotable water at an installed capacity of 45 gallons per minute or less in the Village is hereby prohibited.

#### **§ 210-48 Enforcement; penalties for offenses.**

The Village of Old Westbury may enforce the provisions of this article by means of injunction in the Supreme Court and/or by means of appropriate proceedings in the Village Justice Court. When the Village proceeds in the Village Justice Court, each day of pumping shall be considered a separate violation, provided that a separate accusatory instrument is served upon the defendant. In the event that a person is found guilty in the Village Justice Court, he shall be fined no more than \$250 per day per violation, i.e., with respect to each accusatory instrument.

# **Notice of Competition of Construction**

Return Completed Copy to:

Village of Old Westbury  
Water Superintendent  
1 Store Hill Road  
Old Westbury, NY 11568

Fax: (516) 626-1296

DEC Permit #: \_\_\_\_\_ Building Permit #: \_\_\_\_\_

Permitee: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Well Driller: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**The terms and condition of this permit have been compiled with, and the authorized activity was completed on \_\_\_\_\_.**

\_\_\_\_\_  
Permitee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Well Driller Signature

\_\_\_\_\_  
Date

Permit No. \_\_\_\_\_ Permit Fee \_\_\_\_\_ Date \_\_\_\_\_ Job \_\_\_\_\_

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**INC. VILLAGE OF OLD WESTBURY**  
**APPLICATION FOR ADDITION / ALTERATION PERMIT**  
**No building permits shall be issued without proper Board resolutions.**

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

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Contact for Permit: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Estimated Cost of Proposed Construction:** \_\_\_\_\_

Address Location of Permit \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

- ( ) Addition / Alteration   ( ) Fence/Wall   ( ) Tank   ( ) Other   ( ) Pool  
( ) Deck   ( ) Tennis Court   ( ) Driveway   ( ) Shed/Cabana   ( ) Generator

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**Proof of General Liability and Workers' Compensation Insurance for each of the below.**

**Architect:** \_\_\_\_\_ License No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Contractor:** \_\_\_\_\_ License No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Plumber:** \_\_\_\_\_ License No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Electrician:** \_\_\_\_\_ License No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

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**PROPERTY INFORMATION:**

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

Will any trees be cut down? ( ) Yes ( ) No    Tree Removal Application Attached? ( ) Yes ( ) No

Square Footage 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: \_\_\_\_\_ feet    Stories \_\_\_\_\_

Plan Bd/BZA or Plan Bd Sub Committee Approval: ( ) Yes ( ) No

Site Plan Review: ( ) Yes ( ) No

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**DISTANCES FROM PROPOSED BUILDINGS TO PROPERTY LINES:**

	<b>Front Yard</b>	<b>Rear Yard</b>	<b>Side Yard</b>
Main Building	_____ feet	_____ feet	_____ feet
Accessory Structures	_____ feet	_____ feet	_____ feet

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**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 the 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. The 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. The owner or his/her 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 the 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.

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Homeowner \_\_\_\_\_

Signature of Notary Public  
\_\_\_\_\_

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

Certificate No.: \_\_\_\_\_

Application Date: \_\_\_\_\_

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

Type: \_\_\_\_\_

No certificate will be issued unless all final requirements stamped on building plans are met. This includes a final survey, done by a licensed surveyor, electrical underwriter's certificate from Village approved electrical inspector, architect's certification letter and final inspection done by Village Superintendent of Buildings and Public Works. The undersigned, as owner, or agent for owner, (circle one) will request that final inspection to be made and a Certificate of Occupancy/Completion be issued for the (new/altered) building at the following location after all completed requirements are made.

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Street: \_\_\_\_\_

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

Issue Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**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	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

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

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

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"/> <b>BASEMENT FINISH</b> 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

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

Address of Applicant/Contact Person

Telephone

**FIELD REPORT ON REVERSE**

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