

VILLAGE OF OLD WESTBURY
APPLICATION FOR DEMOLITION PERMIT



PRIOR TO THE DEMOLITION OF A STRUCTURE, THE FOLLOWING MUST BE SUBMITTED TO THE VILLAGE OF OLD WESTBURY

- **A written reason for Demolition**
- **Written statement of proposed use**
- **Pictures or brochure of existing home**
- **Period in which structure was attempted to be sold**
- **Any other hardship explanation to justify demolition**

IF DETERMINED TO BE HISTORICAL, AN APPLICATION TO THE BOARD OF HISTORICAL REVIEW/TRUSTEES MUST BE MADE. IF APPROVED FOR DEMOLITION, APPLICANT MUST CONTACT VILLAGE OF OLD WESTBURY AT 516 626-0800 AT LEAST TWENTY-FOUR HOURS PRIOR TO DEMOLITION FOR HISTORIAN TO PHOTOGRAPH STRUCTURE FOR RECORD KEEPING.

Permit # _____ Date _____
Section: _____ Block: _____ Lot(s) _____

Demolition Permits must have following before application can be reviewed:

Permit Fee: Total Demo \$1500.00 All Other \$500.00

Letter from PSEG confirming that all electrical facilities have been terminated.

Letter from an asbestos removal company confirming building is asbestos free.

Nassau County Health Department letter stating building is rodent free.

Contractor's Workman's Compensation Insurance and General Liability naming Village of Old Westbury
Proof of Water Service Disconnect.

Owner's Name: _____

Address: _____

Address of demolition: _____

Home Phone Number _____ Business Phone _____

Description of Demolition: _____

Cost of Demolition: (required) _____

Contractor: _____

Address: _____ City _____ Zip Code _____

License # _____

Phone Number _____

Will any trees be cut down? Yes _____ No _____ Tree Removal Permit # _____

Signature of owner _____

Sworn to me this _____ day of _____ 20____

Signature of Notary Public: _____

INCORPORATED VILLAGE OF OLD WESTBURY

1 STORE HILL ROAD

OLD WESTBURY, NY 11568

ASSESSOR'S FORM

Section _____ Block _____ Lot _____ Zone _____ Date _____

Address of Construction _____

Property description: Residential Commercial Other

Existing conditions (photo required):

Lot: size _____ sq ft

Coverage: _____ sq ft

Floor Area: _____ sq ft

Number of Stories: _____

Bathrooms: full _____ half _____

Kitchen: Renovate New

Garage: Number of cars _____

A/C units: _____

Pool: Gunite Vinyl _____ sq. ft

Deck: _____ sq ft

Description of Work: _____

Alteration Addition New construction Demo Pool

Proposed Conditions (photo or rendering required):

Lot Coverage: _____ sq ft

Floor Area: _____ sq ft

Second Floor: _____ sq ft

Basement: _____ sq ft

First Floor: _____ sq ft

Number of Stories: _____

Bathrooms: full _____ half _____

Bathrooms: Renovate New

Kitchen: Renovate New

A/C units: _____

Fireplace(s): _____

Central air unit(s): _____

Basement: Full Partial

Finished: _____ %

Garage: Number of cars _____

Garage: Attached Under

Pool: Gunite or Vinyl _____ sq. ft

Deck: _____ sq ft

Official Use Only

Permit date _____ **Percent completed** _____ **Date** _____

Exterior _____ **Interior finish** _____ _____



**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 _____

ADDRESS OF PROPERTY _____

CITY, TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION: _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

Check one

OWNER OR LESSEE

NAME OF BUSINESS _____

CONTACT PERSON/OWNER _____

ADDRESS _____

CITY, STATE, ZIP _____

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	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 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

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