

GENERATOR APPLICATION GENERAL INFORMATION

PERMIT REQUIREMENTS

- **Permit Fee \$750.00 (separate check)**
- **Certificate of Completion \$250.00 (separate check)**
- **Nassau County Assessors Sheet**
- **Certificate of General Liability and Workman's Compensation Insurance naming Village of Old Westbury as an additional insured.**
- **Signed and sealed survey prepared by a licensed surveyor showing proposed location of generator on property.**
- **Nassau County Fire Marshall approval for propane**

CERTIFICATE OF COMPLIANCE REQUIREMENTS

- **Updated (showing generator on property) signed and sealed final survey by a licensed land surveyor**
- **Electrical Underwriter's certification by a Village approved accepted electrical agency**
- **Pressure/Mercury test certification from installer**
- **Final inspection and approval of Superintendent of Buildings**

Permit #: _____ Permit Fee: _____ Date: _____

**VILLAGE OF OLD WESTBURY APPLICATION FOR
GENERATOR PERMIT**

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

Owner's Last Name: _____ First Name: _____

Address: _____ City: _____

Home Phone: _____ Business Phone: _____

Contact for Permit: _____ Telephone: _____

Location: Garage Basement Outside

Type: Gas Oil Diesel

COST OF CONSTRUCTION: \$ _____

Description of Work: _____

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

Contractor: _____ License No: _____

Address: _____ Phone No: _____

Electrician: _____ License No: _____

Address: _____ Phone No: _____

Note:

Copy of plot plan showing proposed location must be supplied.

All screening required shall be of sufficient height and density and shall be approved by the building inspector so as to maximize all screening.

Review plans to be kept on job site at all times during construction for Inspectors use.

Certificate of Compliance is needed. An updated final survey, pressure test and electrical certification are all required upon completion of all work.

No oversight, error or omission on the part of the building inspector or his representative shall legalize the erecting, construction, alteration removal, Use or occupancy of a building or structure that does not conform to the Provisions of the international building code and the building zone ordinance.

Applicant

**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: _____

REQUIREMENTS FOR A CERTIFICATE OF OCCUPANCY

1. Final Survey (2 copies) stamped and sealed by a licensed land surveyor.
2. Electrical underwriter's certification by village accepted agency.
3. Architect's certified letter with signature and seal, stating that all phases of construction were constructed as per village approved plans. Project conforms to the N.Y. state residential Code, international Building Code and the Village's allowable volume, zoning ordinance, structural design, strapping, hold downs, and Energy Code requirements.
4. Final inspection and approval of Building Department.
5. Letter of Certification of Drywells for Drainage from Engineer and/or Surveyor, stating number of installed drywells, dates and sizes of rings, dome and cover.
6. Approval of cesspool by Nassau Health Department (For a New Home)
7. Pressure test certification letter from installer.
8. Final approval from the Water Department regarding possible upgrading of your meter pit.
9. Elevator Certification (if applicable)
10. Completed Landscaping. New homes must have a landscaping inspection done with the Building Inspector and Planning Board Sub-Committee Chairman. Landscaping must match what was originally approved

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

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
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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">IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</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"/> 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

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 _____