



## **OLD WESTBURY SOLAR ENERGY BUILDING PERMIT.**

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION FOR THE PERMIT.

- TWO COPIES OF THE BUILDING PERMIT SPECIFYING WHAT IS BEING DONE.
- A CERTIFICATE OF OCCUPANCY FORM
- BOARD OF ASSESSORS FORM
- 2 SETS OF PLANS
- TWO COPIES OF SEALED/SIGNED ENGINEER'S STRUCTURAL REPORT.
- A ONE LINE ELECTRICAL DIAGRAM
- SPEC SHEETS OF THE SOLAR PANELS
- SPEC SHEETS OF THE INVERTER
- NASSAU COUNTY HOME IMPROVEMENT LICENSE
- CONTRACTOR'S CERTIFICATE OF LIABILITY INSURANCE.
- CONTRACTOR'S CERTIFICATE OF WORKER'S COMPENSATION INSURANCE.
- INSTALLATION MANAGER'S MASTER ELECTRICIAN'S LICENSE.
- PERMIT FEE (\$1,000), CERTIFICATE OF OCCUPANCY FEE (\$250) AND INFRASTRUCTURE FEES (\$1,200) - **(ALL ON SEPARATE CHECKS)**

### **§ 216-154. Matters to be referred to Planning Board Sub-Committee.**

A. Prior to the issuance of a building permit for installation of a solar panel or panels, either freestanding or in any manner attached to any structure, the applicant shall file with the Committee a copy of the plans for the proposed solar panel installation.

The Planning Board Sub-Committee application fee is \$500.00, and the board meets the third Thursday of the month.

All Applications are due the second Thursday of the month.

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



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

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

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

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

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

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

Zoning District: \_\_\_\_\_ Proposed % of Lot Coverage: \_\_\_\_\_

Planning/BZA Approval?: ( ) Yes ( ) No Site Plan Review?: ( ) Yes ( ) No

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

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

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

**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. \_\_\_\_\_



§ 216-154. Matters to be referred to Planning Board Sub-Committee.

A. Prior to the issuance of a building permit for installation of a solar panel or panels, either freestanding or in any manner attached to any structure, the applicant shall file with the Committee a copy of the plans for the proposed solar panel installation.

The Planning Board Sub-Committee application fee is \$500.00 and the board meets the third Thursday of the month.

All Applications are due the second Thursday of the month.

**OLD WESTBURY PLANNING BOARD SUB COMMITTEE APPLICATION**

Architect: \_\_\_\_\_

Represented by: \_\_\_\_\_

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

\_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Please complete what pertains to your application. Catalogue cut sheets and manufacturer's names and styles are required for the following exterior finishes.

Solar Panels \_\_\_\_\_

Location of Panels \_\_\_\_\_

Number of Panels \_\_\_\_\_

Site Plans by \_\_\_\_\_

Module Specs \_\_\_\_\_

Calculations \_\_\_\_\_

Model/Rendering submitted \_\_\_\_\_

Front Door \_\_\_\_\_

Garage Doors \_\_\_\_\_

Roof \_\_\_\_\_

Exterior walls \_\_\_\_\_

Exterior Trim \_\_\_\_\_

Stone \_\_\_\_\_

**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
----------------------	---------------------------------	------------------

ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
---------------------	-----------	------------------

CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
---------------------	-----	--	----------------------

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 \_\_\_\_\_