



VILLAGE OF CEDARHURST

NASSAU COUNTY, NEW YORK

200 Cedarhurst Ave, Cedarhurst, NY 11516 | P: 516-295-5770 | F: 516-295-1077
Cedarhurst.gov | building@cedarhurst.gov

Instructions

Demolition Building Permit Fee: \$500.00

Other paperwork needed:

1. Contractors insurance naming Village of Cedarhurst as additional insured. (Must say Demo Building on Insurance Cert.) Liability and Workers Composition naming the Village as additionally insured.
2. Nassau Count Health Dept. Certification of Rodent Free Inspection. (516-227-9715)
3. L.I American Water Company letter – water turned off. (1-877-426-6999)
4. LIPA letter – Both gas and electric shut off. (516-792-7112)
5. Affidavit of Absence of Asbestos
6. Sewer disconnect permit Filed with Nassau County (copy of sign off from County)
7. Prior to demo entire lot is to be fenced and secured with min. 6 foot chain link or other approved by building department fence type.
8. Emergency phone number of Contractor and Owner to be on file with bldg. dept. Contractors tel.# to be displayed at work site.
9. Work hours NOT TO BEGIN BEFORE 8:00AM. **Strictly enforced**
10. Sidewalk and roadway to be kept clean each night and fencing to be secured.
11. If new structure is to be erected temp.toilet facilities are required to be on site.
12. 1-Call dig safe must be called prior to any excavation (800-272-4480) free service or call 811.
13. If dumpster is placed on street village permit is required prior to placement of dumbster.

Any questions contact the Building Department 516-295-5770

VILLAGE OF CEDARHURST BUILDING DEPARTMENT

AFFIDAVIT OF ABSENCE OF ASBESTOS

Date _____

Village of Cedarhurst
Building Department
200 Cedarhurst Avenue
Cedarhurst, NY 11516

Re: Demolition Building Permit Application No. _____

I, _____ being a New York State Licensed and Certified Asbestos

Inspector, on behalf of the owner of the premises know as _____

_____ (street), Cedarhurst, New York 11516 and/or

Section _____ Block _____, Lot(s) _____, have conducted an asbestos investigation

On _____, _____, _____, and declare that the premises to be demolished are free of any

asbestos containing material (ACM) and therefore petition the Village of Cedarhurst,

Department of Building to issue a demolition permit.

Signature _____

Licensed Asbestos Inspector
(copy of licenses required)

License or Certificate No. _____

