



VILLAGE OF CEDARHURST
BUILDING PERMIT APPLICATION

200 Cedarhurst Ave. Cedarhurst NY 11516

Office: (516)295-5770 Fax (516) 295-1077 Email: building@cedarhurst.gov Website: www.cedarhurst.gov

Application No. Date rec'd. Permit No. Date issued

Number and Street Section Block Lot(s) Zone.

N.S.E.W. side of feet N.S.E.W.
or N.S.E.W corner of &

TYPE OF IMPROVEMENT
PROPOSED USE - For "Demolition" most recent use
Residential Existing Proposed
Nonresidential

WORK PROPOSED - Describe in detail:

COST OF IMPROVEMENT \$

Pursuant to Worker's Compensation Law, an original certificate-of-Insurance on form C-105.21, C-105.2, U-26.3, SI-12, or GSI-1 05.2 shall be filled with this department prior to the issuance of any building permit. PLEASE NOTE: Contractor is required to obtain certificates or other proof of Workers Compensation Insurance from all subcontractors or any other person that is not an employee of contractor and perform or provide work, labor or services on the site. Upon request by the village contractors must provide a copy of any such certificate to the village. Failure to do so may result in revocation of building permit(s).
CONSTRUCTION CLASSIFICATION
STATUS OF WORK
DIMENSIONS OF LOT

Name Mailing address - Number, street, city, State and Zip Tel. No.
Arch. or Engr.
Owner
Tenant / Lessee
Contractor Nassau County License Number
Electrician VILLAGE OF CEDARHURST License Number
Plumber VILLAGE OF CEDARHURST License Number

The owner of this building and the undersigned agree to conform to all applicable laws of the VILLAGE OF CEDARHURST.

AFFIDAVIT OF APPLICANT
AFFIDAVIT OF PROPERTY OWNER
STATE OF NEW YORK
COUNTY OF NASSAU
(Print Name) being duly sworn,
deposes and says: That he/she resides at
in the State of and that he/she is authorized by the Owner to make application for a permit to perform said work in the foregoing application and accompanying plans, and all the statements contained therein are true to deponent's own knowledge.
Address
Phone
(Sign here)
Sworn to before me this (Day of) 20
AFFIDAVIT OF PROPERTY OWNER
STATE OF NEW YORK
COUNTY OF NASSAU
(Print Name) being duly sworn,
deposes and says: That he/she resides at
in the State of of, that he/she is the owner in fact of all that certain lot, piece or parcel of land shown on the diagram above, situate, lying and being within the INCORPORATED VILLAGE OF CEDARHURST, that the work proposed to be done upon the said premises will be done in accordance with the, approved application and accompanying plans, (and he/she hereby authorizes
APPLICANT
to make application for a permit to perform said work in the foregoing application and accompanying plans), and all the statements herein contained are true to deponent's own knowledge.
(Sign here)
Sworn to before me this day of 20

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY
Adjusted Cost Permit Fee - 1 st Permit Fee - 2nd Total Site Plan Fee
\$ \$ \$ \$

Approved by Permit Title

House No. Assigned FEMA Flood Hazard Zone Zone By: Base Flood Elevation

Variance Yes No
If Yes date and case No.

Elevation Certificate: Yes No
Final Survey Required: Yes No
New C.O. Required: Yes No
Separate Application Required For:
HVAC Plumbing Electric
Sign/Awning Other

Supplementary Statement To Application for Permit To use one Family Dwelling for Mother/Daughter Residence

Application Number _____

Address _____

Occupancy of Primary Housekeeping Unit

Name	Age	Relationship to Residential Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupancy of Housekeeping Unit Served by Second Kitchen

Name	Age	Relationship to Residential Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following questions must be answered:

1. Will separate entrances be assigned to each housekeeping unit? _____
2. Will there be separate gas, electric or water meters? _____
3. Will there be separate doorbells or mailboxes? _____
4. Indicate number of vehicles to be parked at premises _____
5. Indicate all phone listings _____

Statement:


I do hereby state that I am the Fee Resident Owner or contract resident vendee of the subject premises; that I have read the contents of the foregoing and know the same to be true and correct in every respect.

Name _____

Phone _____

Sworn to before me this _____

Day of _____ 20____

<div><div>BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT NASSAU COUNTY 240 Old Country Road, Mineola, NY 11501 TOWN - CITY - VILLAGE OF: _____</div></div>					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 <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			CONTACT PERSON/OWNER			
ESTIMATED COST OF CONSTRUCTION:			ADDRESS			
WORK MUST BEGIN BY			CITY, STATE, ZIP			
PERMIT EXP DATE			<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	PHONE		
LOT SIZE S.F.				EMAIL		
# BLDGS ON LOT				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	
<div><div><input type="checkbox"/> NEW BUIDLING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IS 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 _____</div><div><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</div></div>					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"/>	
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						
FIELD REPORT ON REVERSE				Address of Applicant/Contact Person		Telephone