



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

TYPE OF IMPROVEMENT <input type="checkbox"/> New building or structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Use <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation only <input type="checkbox"/> Other _____	PROPOSED USE - For "Demolition" most recent use Residential Existing Proposed <input type="checkbox"/> <input type="checkbox"/> One or Two family <input type="checkbox"/> <input type="checkbox"/> Mother Daughter/ Senior residence <input type="checkbox"/> <input type="checkbox"/> Multi Family <input type="checkbox"/> <input type="checkbox"/> Mixed Use <input type="checkbox"/> <input type="checkbox"/> Other _____ Nonresidential <input type="checkbox"/> Existing (Specify) _____ _____ <input type="checkbox"/> Proposed (Specify) _____ _____
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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 Existing Proposed <input type="checkbox"/> <input type="checkbox"/> Type 1 - Fire resistive <input type="checkbox"/> <input type="checkbox"/> Type 2A) Non -Combustible <input type="checkbox"/> <input type="checkbox"/> Type 2B) combustible <input type="checkbox"/> <input type="checkbox"/> Type 3A) Ordinary const. masonry walls, <input type="checkbox"/> <input type="checkbox"/> Type 3B) wood floor & roof. <input type="checkbox"/> <input type="checkbox"/> Type 4 - Heavy timber <input type="checkbox"/> <input type="checkbox"/> Type 5 - Wood frame YES NO <input type="checkbox"/> <input type="checkbox"/> Is a Sprinkler System Required? <input type="checkbox"/> <input type="checkbox"/> Does The Building Have A Sprin- kler System?	STATUS OF WORK <input type="checkbox"/> Proposed <input type="checkbox"/> Under Construction <input type="checkbox"/> Completed DIMENSIONS OF LOT Total land area, square feet _____ Total square feet of floor area, all floors, based on exterior dimensions (exclus. base. or cellar) _____ Number of stories _____ Percent of lot occupied _____ %
	SECTION	

	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 (IF NOT THE OWNER) STATE OF NEW YORK COUNTY OF NASSAU SS: (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) _____ (Applicant) Sworn to before me this _____ (Day of _____) 20 _____	AFFIDAVIT OF PROPERTY OWNER STATE OF NEW YORK COUNTY OF NASSAU SS: (PRINT NAME) _____ being duly sworn, deposes and says: That he/she resides at _____ in the _____ of _____ in the State 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 de- ponent's own knowledge. (Sign here) _____ (OWNER) Sworn to before me this _____ day of _____ 20 _____
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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		<input type="checkbox"/> 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 _____