

INCORPORATED VILLAGE OF BAYVILLE

ALTERATIONS AND/OR ADDITIONS PERMIT APPLICATION REQUIREMENTS

- 1) Two copies of property survey with licensed surveyor's seal affixed also showing location of the new addition.
- 2) Certificate of Compliance application form filled out and signed.
- 3) Building Permit application forms filled out in duplicate and must be notarized. (see reverse side of application form)
- 4) Two copies of the plans / or drawings.
- 5) Certificate of Compensation and Liability insurance for the contractor or a self-builder affidavit if work is to be done by the homeowner.
- 6) Nassau County Board of Assessors sheets to be completed and signed.
- 7) Plumbing application filled out where applicable and the affidavit signed by the plumber. (Plumber must be licensed with the Village of Bayville.)
- 8) Fee varies and will be determined after the application and plans have been reviewed based on the cost of construction. This office reserves the right, prior to issuance of a C.O., C.C. to modify the permit cost during or at the conclusion of the project.
- 9) Electrical Underwriters certificates required for new additions.
- 10) Note attached section of N.Y.S. Residential Code. It is imperative that a "design professionals" comply with N.Y.S. Code and note the same on plans. [Table R301.2 (1).]
- 11) If its necessary to remove any trees a separate permit is required.

Contractors are to call for the following inspections:

1. Excavation and footings.
2. Foundation.
3. Framing and rough plumbing.
4. Final inspection for C.O. and C.C.

BUILDING PERMITS

Building Permits are required for any erection, construction, enlargement, alteration, removal, improvement, demolition, conversion or change in the nature of the occupancy of any building or structure.

Building Permits are not required for the performance of ordinary repairs which are not structural in nature.

BUILDING PERMITS SHALL BE REQUIRED FOR BUT NOT LIMITED TO THE FOLLOWING:

- 1) New buildings or structures
- 2) Additions, alterations or enlargements to existing building or structures.
- 3) Changes in or alterations and additions to toilet facilities in any building or structure (Plumbing work)
- 4) Changes in occupancy of any building or structure which is significant.
- 5) All fences
- 6) All swimming pools (above and inground)
- 7) All signs larger than 18" x 24".
- 8) All sanitary disposal systems (cesspools, drywells, etc.)
- 9) Removal of or topping of any tree over 8" in caliper, 36" above the ground.
- 10) All street openings
- 11) All wood decks
- 12) All chimneys, fireplaces and wood/coal burning stoves.
- 13) Demolition of any structure
- 14) New doors and new windows
- 15) Oil Burner, Oil Tank, Gas Burner
- 16) Tool and Equipment Sheds

BUILDING PERMITS ARE NOT REQUIRED FOR:

- 1) Re-siding of buildings or structures
- 2) Re-roofing of buildings or structures
- 3) Unenclosed stoops
- 4) Non-structural decoration
- 5) Ordinary repairs not structural in nature

WORKERS' COMPENSATION REQUIREMENTS UNDER WCL §57

To comply with coverage provisions of the Workers' Compensation Law, businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be self-insured or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing Section 57 of the Workers' Compensation Law, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) WC/DB-100, Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

~~WC/DB-101, Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR~~

(Affidavits must be stamped as received by the NYS Workers' Compensation Board)

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business' insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; OR
- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), OR GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business' Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS REQUIREMENTS UNDER WCL §220 SUBD 8

To comply with coverage provisions of the Disability Benefits Law, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be self-insured.

Accordingly, to assist State and municipal entities in enforcing Section 220 Subd. 8 of the Disability Benefits Law, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) WC/DB-100, Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

~~WC/DB-101, Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR~~

(Affidavits must be stamped as received by the NYS Workers' Compensation Board)

- B) Either the DB-120.1 -- Certificate of Disability Benefits Insurance OR the DB-820/829 Certificate/Cancellation of Insurance (the business' insurance carrier will send one of these forms to the government entity upon request); OR
- C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

BUILDING PLANNING

SECTION R301 DESIGN CRITERIA

R301.1 Design. Buildings and structures, and all parts thereof, shall be constructed to safely support all loads, including dead loads, live loads, roof loads, flood loads, snow loads, wind loads and seismic loads as prescribed by this code. The construction of buildings and structures shall result in a system that provides a complete load path capable of transferring all loads from their point of origin through the load-resisting elements to the foundation. When a building of otherwise conventional construction contains structural elements that exceed the limits of Section R301, those elements shall be designed in accordance with accepted engineering practice.

R301.1.1 Construction systems. The requirements of this code are based on platform and balloon-frame construction for light-frame buildings. The requirements for concrete and masonry buildings are based on a balloon framing system. Other framing systems must have equivalent detailing to ensure force transfer, continuity and compatible deformations.

R301.1.2 Engineered design. When a building of otherwise conventional light-frame construction contains structural elements not conforming to this code, these elements shall be designed in accordance with accepted engineering practice. The extent of such design need only demonstrate compliance of nonconventional elements with other applicable provisions and shall be compatible with the performance of the conventional framed system. Engineered design in accordance with the *Building Code of New York State* is permitted for all buildings and structures, and parts thereof, included in the scope of this code.

R301.2 Climatic and geographic design criteria. Buildings shall be constructed in accordance with the provisions of this code as limited by the provisions of this section. Additional criteria shall be established by the local jurisdiction and set forth in Table R301.2(1).

R301.2.1 Wind limitations. Buildings and portions thereof shall be limited by wind speed, as defined in Table R301.2(1), and construction methods in accordance with this code. Basic wind speeds shall be determined from Figure R301.2(4). Where different construction methods and structural materials are used for various portions of a building, the applicable requirements of this section for each portion shall apply. Where loads for windows, skylights and exterior doors are not otherwise specified, the loads listed in Table R301.2(2) adjusted for height and exposure per Table R301.2(3), shall be used to determine design load performance requirements for windows and doors.

R301.2.1.1 Design criteria. Construction in regions where the basic wind speeds from Figure R301.2(4) equal or exceed 110 miles per hour (177.1 km/h) shall be designed in accordance with one of the following:

1. American Forest and Paper Association (AF&PA) Wood Frame Construction Manual for One- and Two-Family Dwellings (WFCM); or
2. Southern Building Code Congress International Standard for Hurricane Resistant Residential Construction (SSTD 10); or
3. Minimum Design Loads for Buildings and Other Structures (ASCE 7); or
4. Cold-formed steel construction shall be designed in accordance with the provisions of this code.

The Incorporated Village of Bayville

34 SCHOOL STREET
BAYVILLE, NEW YORK 11709

TEL: (516) 628-1439
FAX: (516) 628-3740

Affidavit of Use of 95% Tin and 5% Antimony Solder

Building Permit No. _____ Date _____

Tax Section _____ Block _____ Lot(s) _____

Name of Owner _____

Name of Plumber _____

Address of Plumber _____

Plumber's License No. _____

State of New York

ss:

County of Nassau

I, _____, a licensed plumber in the Village of Bayville being duly sworn, deposes and say: All of the above copper piping for the potable water supply system, which was installed with solder with a composition containing 95% tin and 5% antimony. No lead solder was used on this job site for the potable water supply system by me or any of my employees or agents.

I make this affidavit with full knowledge that the Building Inspector and the Village of Bayville relies upon the truth of the statements herein contained.

Signature of Licensed Plumber

Print Name of Licensed Plumber

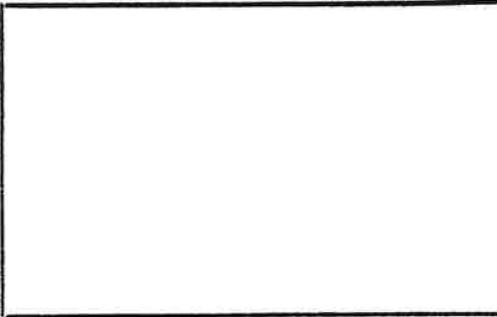
Sworn to before me this

_____ day of _____ 20__

Notary Signature

(Making a sworn false statement with the intent to mislead a public official is a felony in New York State.)

Examined 20
Disapproved
Building Inspector
Appeal Granted
Appeal Denied
Fee \$



APPLICATION FOR

ACCESSORY BUILDING,
ALTERATIONS, ADDITIONS,
STRUCTURES

Incorporated Village of Bayville, Nassau County, N. Y.

IMPORTANT — READ THESE INSTRUCTIONS

NOTE:

- a. This application to be made out in duplicate in ink or typewritten and submitted with two complete sets of plans drawn to a uniform scale, together with fee. All QUESTIONS MUST BE ANSWERED.
- b. A separate plot plan in duplicate (drawn to scale of not less than 1 in. equals 20 feet, and on a sheet 8½ x 14) on which must be indicated the block and lot numbers, also all existing and proposed buildings with distances of same from the lot and street lines together with names of all streets and distances from corners.
- c. No application will be accepted until same is complete, including fee, necessary plans, certificate of workmen's compensation insurance and any other information the Building Inspector may require. Permits will be issued within a reasonable time after application is approved.
- d. Permit must be received before beginning work.
- e. Building Permit, duplicate application, and duplicate set of plans, as approved by the Building Inspector must be kept on the premises until the completion of the work authorized by such permit.
- f. No building shall be occupied or used in whole or part for any purpose whatever until a Certificate of Occupancy shall have been applied for in writing and granted by the Building Inspector certifying that such building conforms substantially to the approved plans and specifications and the requirements of the ordinance applying to building of its class and kind.

WORKMEN'S COMPENSATION INSURANCE

Pursuant to Section 57, of the Workmen's Compensation Law, a Certificate of Insurance on the standard form approved by the Industrial Commissioner must be filed with this application covering all operations in connection therewith.

Date, 20

APPLICATION IS HEREBY MADE to the Building Inspector of the Incorporated Village of Bayville for the approval of the detailed statement and plans herewith submitted for the construction of the structure, buildings, additions, or alterations, herein described. The applicant agrees to comply with all provisions of the Building and Zoning Ordinances and with the provisions of all other laws relating to the construction of said buildings, additions, alterations, or structures whether herein described or not.

ORGANIZATION

If owner is a corporation, give name and title of responsible officer.

Owner Address

If Corporation, name of Officer Title

Architect Address

Contractor Address

GENERAL

Location, Block No. Lot No. Tax Map Sec. No.

..... Side of Street feet

..... of Nearest intersection

Proposed addition dimensions Stories

Existing building dimensions Stories

How is building occupied? If dwelling, No. of families

How will building be occupied? If dwelling, No. of families

Describe proposed alterations

Cost or Value of alteration or building \$

Size of lot—feet front feet depth

Do you own any adjoining property?

ZONING

Zone

Prevailing setback in block feet

Distance from proposed building to property lines:

	Front Yard	Side Yard	Side Yard	Rear Yard
Main building	..... feet	..... feet	..... feet	..... feet
Accessory Bldg.	..... feet	..... feet	..... feet	..... feet
	..... feet	..... feet	..... feet	..... feet

PROVIDE SPECIFICATIONS AND ZONING CALCULATIONS
IF NOT SHOWN ON PLANS

(Sign here) _____
Name of applicant

AFFIDAVIT OF PROPERTY OWNER

STATE OF NEW YORK }
COUNTY OF NASSAU } ss.:

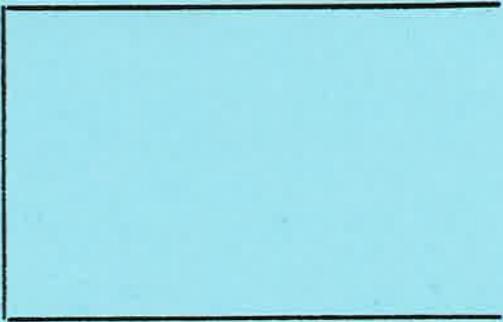
_____ being duly sworn,
deposes and says: That he resides at _____ in the _____ of _____
in the State of _____, that he is the owner in fee of all that certain lot, piece or parcel of
land shown on the diagram annexed to the foregoing application and made a part thereof, situate, lying and
being within the Incorporated Village of Bayville, designated on the Tax Map of the Incorporated Village of
Bayville as Block No. _____ Lot
No. _____ Sec. No. _____ and therein more particularly
described, and that the work proposed to be done upon the said premises, in accordance with the approved
application and accompanying plans is duly authorized by _____
Name of Owner or Lessee

to make application for a permit to perform said work in the foregoing application and accompanying plans,
and all statements herein contained are true to deponent's own knowledge.

Sworn to before me this _____ day (Sign here) _____
of _____, 20_____. Name of owner

Notary Public

Examined 20
Disapproved
.....
Building Inspector
Appeal Granted
Appeal Denied
Fee \$



APPLICATION FOR

ACCESSORY BUILDING,
ALTERATIONS, ADDITIONS,
STRUCTURES

Incorporated Village of Bayville, Nassau County, N. Y.

IMPORTANT — READ THESE INSTRUCTIONS

NOTE:

- a. This application to be made out in duplicate in ink or typewritten and submitted with two complete sets of plans drawn to a uniform scale, together with fee. All **QUESTIONS MUST BE ANSWERED.**
- b. A separate plot plan in duplicate (drawn to scale of not less than 1 in. equals 20 feet, and on a sheet 8½ x 14) on which must be indicated the block and lot numbers, also all existing and proposed buildings with distances of same from the lot and street lines together with names of all streets and distances from corners.
- c. No application will be accepted until same is complete, including fee, necessary plans, certificate of workmen's compensation insurance and any other information the Building Inspector may require. Permits will be issued within a reasonable time after application is approved.
- d. Permit must be received before beginning work.
- e. Building Permit, duplicate application, and duplicate set of plans, as approved by the Building Inspector must be kept on the premises until the completion of the work authorized by such permit.
- f. No building shall be occupied or used in whole or part for any purpose whatever until a Certificate of Occupancy shall have been applied for in writing and granted by the Building Inspector certifying that such building conforms substantially to the approved plans and specifications and the requirements of the ordinance applying to building of its class and kind.

WORKMEN'S COMPENSATION INSURANCE

Pursuant to Section 57, of the Workmen's Compensation Law, a Certificate of Insurance on the standard form approved by the Industrial Commissioner must be filed with this application covering all operations in connection therewith.

Date, 20

APPLICATION IS HEREBY MADE to the Building Inspector of the Incorporated Village of Bayville for the approval of the detailed statement and plans herewith submitted for the construction of the structure, buildings, additions, or alterations, herein described. The applicant agrees to comply with all provisions of the Building and Zoning Ordinances and with the provisions of all other laws relating to the construction of said buildings, additions, alterations, or structures whether herein described or not.

ORGANIZATION

If owner is a corporation, give name and title of responsible officer.

Owner Address

If Corporation, name of Officer Title

Architect Address

Contractor Address

GENERAL

Location, Block No. Lot No. Tax Map Sec. No.

Side of Street feet

of
Nearest intersection

Proposed addition dimensions Stories

Existing building dimensions Stories

How is building occupied? If dwelling, No. of families

How will building be occupied? If dwelling, No. of families

Describe proposed alterations

Cost or Value of alteration or building \$

Size of lot—feet front feet depth

Do you own any adjoining property?

ZONING

Zone

Prevailing setback in block feet

Distance from proposed building to property lines:

	Front Yard	Side Yard	Side Yard	Rear Yard
Main building	feet	feet	feet	feet
Accessory Bldg.	feet	feet	feet	feet
	feet	feet	feet	feet

PROVIDE SPECIFICATIONS AND ZONING CALCULATIONS
IF NOT SHOWN ON PLANS

(Sign here)
Name of applicant

AFFIDAVIT OF PROPERTY OWNER

STATE OF NEW YORK |
COUNTY OF NASSAU | ss.:

..... being duly sworn,
deposes and says: That he resides at in the of
in the State of, that he is the owner in fee of all that certain lot, piece or parcel of
land shown on the diagram annexed to the foregoing application and made a part thereof, situate, lying and
being within the Incorporated Village of Bayville, designated on the Tax Map of the Incorporated Village of
Bayville as Block No. Lot
No. Sec. No. and therein more particularly
described, and that the work proposed to be done upon the said premises, in accordance with the approved
application and accompanying plans is duly authorized by
Name of Owner or Lessee

to make application for a permit to perform said work in the foregoing application and accompanying plans,
and all statements herein contained are true to deponent's own knowledge.

Sworn to before me this day (Sign here)
of, 20..... Name of owner

Notary Public

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

Permit No.

Issued pursuant to the provisions of the

**PLUMBING CODE
INCORPORATED VILLAGE OF BAYVILLE
Nassau County, New York**

NOTICE—This Application with plans, specifications, and location of house on plot must be filed in DUPLICATE. Plans must be submitted in duplicate, one set to be filed with the Building Inspector and the duplicate set thereof (bearing the approval of the Building Inspector) shall be kept on the work and exhibited on demand to any Inspector of the Incorporated Village of Bayville.

BUILDING DEPARTMENT

Application for Permit to do Plumbing and Gasfitting

To the BUILDING INSPECTOR: Bayville, N. Y.,, 20

The undersigned hereby applies for a permit to perform plumbing work:—

- 1. Location of Building No.
- 2. Name of Owner
- 3. Name of Plumber
- 4. Material of Building New or old?
- 5. How is the building occupied?
- 6. How many families? Number of Stories?
- 7. Is plumbing to be connected to sewer or cesspool?
- 8. When will work be commenced?

NATURE OF PROPOSED PLUMBING AND GASFITTING IN DETAIL

Basement

First Story

Second Story

Third Story

Attic

(Sign here)

(Address)

APPLICANT

Incorporated Village of Bayville, N. Y.,, 20

Permit Granted Approved

Building Inspector.



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

ESTIMATED COST OF CONSTRUCTION:	ADDRESS
	CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE	<input type="checkbox"/> STEEL	EMAIL

LOT SIZE S.F.	<input type="checkbox"/> MASONRY	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
# BLDGS ON LOT	<input type="checkbox"/> FRAME	

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

Rev 08/11

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOT(S)
CA # OR BLDG #
UNIT #
DATE



**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	CONTACT PERSON/OWNER
---------------------	-----	----------------------

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
---------------------------------	---	---------

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
--------------------	--------------------------------	-------

PERMIT EXP DATE	<input type="checkbox"/> STEEL	EMAIL
-----------------	--------------------------------	-------

LOT SIZE S.F.	<input type="checkbox"/> MASONRY	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
<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
LOTS
CA # OR BLDG #
UNIT #
DATE

Application For
Certificate of Compliance
INCORPORATED VILLAGE OF BAYVILLE
NASSAU COUNTY, NEW YORK

Certificate No.	Date
Issued	
Mailed }	
Delivered }	

(Do Not Write in This Space)

To the Building Inspector,
Village Hall, Bayville, N. Y.

Sir:

The undersigned, as owner, or agent for owner, respectfully requests that final inspection be made and a Certificate of Occupancy be issued for the (new-altered) building located at

No.

Building Permit No.

Electrical Certificate No. (hereto attached)

Signed

Address

No Certificate of Occupancy will be issued unless Application is accompanied by Final Electrical Certificate of the New York Board of Fire Underwriters. Any false statements made herein shall be punishable as a misdemeanor pursuant to the provisions of Penal Law No. 210.45.

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	NO	YES
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	NO	YES
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____		Date: _____
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)