

FEE

\$250 APPLICATION FEE
\$2500 CASH/CHECK BOND

DEMOLITION PERMIT APPLICATION Receipt. No.

SECTION _____ BLOCK _____ LOT(s) _____ Residential _____ Commercial _____

OWNER'S NAME _____ SITE ADDRESS _____

HOME ADDRESS _____

STATE _____ ZIP CODE _____

OWNER'S HOME PHONE _____ CELL _____

CONTRACTOR'S NAME _____ CELL _____

CHECK ALL TO CONFIRM THEY ARE ATTACHED

GAS DISCONNECT LETTER OBTAINED FROM UTILITY COMPANY OR BAYVILLE LICENSED PLUMBER

WATER DISCONNECT LETTER OBTAINED FROM BAYVILLE WATER DEPARTMENT

ELECTRIC DISCONNECT LETTER OBTAINED FROM UTILITY COMPANY OR LICENSED ELECTRICIAN

ASBESTOS SURVEY LETTER OBTAINED FROM NYS LICENSED ASBESTOS INSPECTOR

NASSAU COUNTY RODENT LETTER (**VALID FOR 10 DAYS ONLY**) OBTAINED FROM NASSAU COUNTY

COMPREHENSIVE PHOTOS OF ROAD CONDITIONS IN FRONT OF SITE,
AND 100 FEET IN EACH DIRECTION

DESCRIBE WORK _____

CALL 811 PRIOR TO EXCAVATION AND/OR DEMOLITION

- \$2500 ROAD BOND SHALL BE HELD UNTIL COMPLETION OF DEMOLITION WORK AND ROAD REPAIRED TO PRE-EXISTING CONDITION USING SAME MATERIALS ("COLD PATCH" NOT PERMITTED)
- NO TREES SHALL BE REMOVED WITHOUT TREE REMOVAL PERMIT
- 6' HIGH CHAIN LINK FENCING, WITH TOP AND BOTTOM RAILS, 8' ON CENTER POSTS REQUIRED
- PROVIDE SILTATION FENCING TO PREVENT EROSION AND SEDIMENT RUNOFF
- PROVIDE PORTABLE SANITARY FACILITIES

SIGNED

(ELECTRONIC, DIGITAL, OR HANDWRITTEN)

DATE



NASSAU COUNTY DEPARTMENT OF HEALTH
Office of Community Sanitation
200 County Seat Drive
Mineola, New York 11501
516-227-9715

**RODENT FREE CERTIFICATION BEFORE DEMOLITION
APPLICATION INSTRUCTIONS**

1. Obtain the Nassau County Department of Health *Rodent Free Certification Application* using one of the following methods:
 - Call the office and request the application be mailed or faxed.
 - Pick up the application at the office.
 - Download the application from the Nassau County Department of Health website.

2. Front of application:
 - Print location of the Demolition, include Street address, Village, Cross Street, Section, Block and Lot Information.
 - Indicate Demolition Type: Check the box for Complete or Partial
 - Indicate Property Usage: Check the box for Residential, Industrial, Commercial or Mixed Use
 - Provide Disconnect Information: Check Yes or No box for Water, Electric, Gas, Sewer Utilities and Fuel oil Tank Disconnect.
 - Provide Fuel Oil Tank Information for this Property:
Check Yes or No box to indicate Underground tank(s), Aboveground Tank(s) on site.
Provide Tank Information: # of Tanks on site, Tank size(s).
Check Yes or No box if tank was removed and provide the Tank Removal Date.
 - Provide Information on Ground Disturbance on Site Prior to the Rodent Free Inspection:
Check Yes or No box to indicate work done on site prior to this application.
List the work done to date on site.
 - Provide Access and Safety Information:
Check Yes or No box to indicate if there are Construction gates on site or any other barriers that prevent entry to the site.
Provide the combination lock access code or indicate location of the key for the lock.
Check Yes or No box to indicate if the property, building safe to walk around.
List any physical hazards on site.

3. Page 2 of the application:
 - Provide a hand drawn sketch of the property. Indicate the buildings to be demolished in relationship to that street.
 - Provide the Contact Information for the Property Owner, Demolition Company and the person requesting the Rodent free Certification and the title of the person making the request.
 - Check the box for Office pick-up, Leave on site or Other to indicate the method you wish to obtain the Completed Rodent Free Certificate.
 - Read the last Sections "Applicant Acknowledges the Following" and "Penalties"
 - Print, sign and date the bottom of the application.

APPLICATION SUBMISSION

1. Submit the Application to the Health Department by mail or in person with the application fee of **\$250.00 (two hundred fifty dollars)**.
2. Payment must be in the form of a Certified Bank Check or Money Order made payable to :
"Nassau County Department of Health"
3. Note the following:
 - Cash, personal checks, or business checks will **not** be accepted.
 - Inspection of the site will **not** be made without payment of the application fee.



NASSAU COUNTY DEPARTMENT OF HEALTH
Office of Community Sanitation
200 County Seat Drive
Mineola, New York 11501
516-227-9715
RODENT FREE CERTIFICATION BEFORE DEMOLITION
APPLICATION

RODENT FREE APPLICATION
DEMOLITION LOG #

D

FOR OFFICE USE ONLY

DATE RECEIVED:	ASSIGNED TO :

PAYMENT TYPE:	
Bank <input type="checkbox"/>	ID#
Check <input type="checkbox"/>	
Money <input type="checkbox"/>	ID#
Order <input type="checkbox"/>	

DEMOLITION LOCATION INFO	STREET ADDRESS			
	VILLAGE			
CROSS STREET	SECTION	BLOCK	LOT(S)	

DEMOLITION TYPE

COMPLETE DEMOLITION <input type="checkbox"/> <i>ALL</i> Building(s) / Structure(s) to be Demolished	PARTIAL DEMOLITION <input type="checkbox"/> <i>ONLY a Portion</i> of the Building(s)/ Structure(s) is to be Demolished*
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* ON PARTIAL DEMOLITIONS -
 List the Structures(s) to be Demolished

PROPERTY USAGE

Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	Commercial <input type="checkbox"/>	Mixed Use (Describe) <input type="checkbox"/>
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DISCONNECT INFORMATION

Water		Electric		Gas		Sewer		Fuel Oil Tank	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUEL OIL TANK(S) INFORMATION

Underground Tank(s)	Aboveground Tank(s)	# of Tanks	Tank Size	Tank Removed	Tank Removal Date
Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GROUND DISTURBANCE ON PROPERTY PRIOR TO THE RODENT FREE INSPECTION

ANY WORK DONE on Property <i>PRIOR</i> to this APPLICATION?	YES * <input type="checkbox"/>	NONE <input type="checkbox"/>
* <u>LIST</u> The GROUND DISTURBANCE WORK done on the Property :		

ACCESS AND SAFETY

ANY Construction Gates/ Barriers surrounding Property that can prevent entry to property?	YES* <input type="checkbox"/>	NO <input type="checkbox"/>
NEED a KEY OR LOCK CODE to enter?	YES* <input type="checkbox"/>	NO <input type="checkbox"/>
* <u>List</u> Location of the KEY - or -		
* <u>List</u> Lock Code for entry:		

Is it SAFE to walk around Property, Building(s) or Structure(s)?	YES <input type="checkbox"/>	NO* <input type="checkbox"/>
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*LIST ALL Physical Hazards on the Property:

Continue to PAGE 2 →→→→→

Log#	Address	Hamlet
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PROVIDE IN SPACE BELOW -SKETCH OF PROPERTY WITH THE LOCATION OF ALL BUILDINGS/STRUCTURES ON SITE

CONTACT INFORMATION - PROPERTY OWNER

NAME	ADDRESS	TELEPHONE NUMBER(S)

CONTACT INFORMATION - DEMOLITION COMPANY

NAME	ADDRESS	TELEPHONE NUMBER(S)

CONTACT INFORMATION - PERSON REQUESTING RODENT FREE CERTIFICATION

NAME	ADDRESS	TELEPHONE NUMBER(S)

TITLE:	DEMO CONTRACTOR <input type="checkbox"/>	AGENT <input type="checkbox"/>	EXPEDITER <input type="checkbox"/>	OTHER <input type="checkbox"/>
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RODENT FREE CERTIFICATE - METHOD TO OBTAIN COMPLETED CERTIFICATE

Office pick-up <input type="checkbox"/>	Leave on site <input type="checkbox"/>	Other (Describe): _____
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APPLICANT ACKNOWLEDGES THE FOLLOWING:

1) ***NO*** demolition work can begin without an inspection of the property, including the exterior of all structures on the premises and grounds by a Nassau County Department of Health representative to determine if there is rodent activity. If rodent activity has been identified on the property, then extermination by a New York State licensed exterminator is required to prevent the spread of rodents throughout the neighborhood. No work can be started until extermination is complete.

2) Building(s) / structure(s) on this property must be intact and the land must remain in an unaltered state for the inspection to take place. If any work is done on the property that results in ground disturbance ***BEFORE*** the inspection takes place, then the inspection is deemed INVALID and the Rodent Free Certificate will not be issued by the Nassau County Department of Health.

3) The issued Rodent Free Certificate is ***valid for ten (10) days*** from the date of inspection of the property. Demolition of the building(s) and/or structure(s) on the premises **MUST** be completed within ten (10) days from the date of issuance of certification by the Department of Health.

4) PENALTIES*

Any person, firm or corporation that violates Nassau County Public Health Ordinance, Article VII, Section 13, by demolishing any building(s) and/or structure(s) on the above referenced property ***without*** obtaining a Rodent Free Certificate issued by the Nassau County Department of Health, **WILL** be subject to enforcement action by this Department.

ACKNOWLEDGEMENT SIGNED (BELOW):

APPLICANT
PRINT NAME:

APPLICANT
SIGNATURE:

DATE:

TITLE:

BEFORE YOU DIG

**YOU MUST CALL
LONG ISLAND ONE CALL**

IT'S THE LAW DIAL 811

**TWO TO TEN DAYS PRIOR TO STARTING ANY EXCAVATION,
YOU MUST NOTIFY THE ONE CALL CENTER FOR UTILITIES
MARK OUT**

**IN ADDITION I AGREE TO HOLD THE VILLAGE OF
BAYVILLE HARMLESS FROM ANY LIABILITY RESULTING FROM
ANY INJURY TO PERSONS OR PROPERTY CAUSED BY
NEGLIGENCE OR OTHERWISE IN CONNECTION WITH
DEMOLITION OR EXCAVATIONS OR CONSTRUCTION WORK
DURING THE LENGTH OF THE PROPOSED PROJECT.**

OWNER/APPLICANT: _____

ADDRESS: _____

Signed