

Permit No. _____ Permit Fee _____ Date _____ Job _____

INC. VILLAGE OF OLD WESTBURY
APPLICATION FOR SWIMMING POOL PERMIT
No building permits shall be issued without proper Board resolutions.

Section: _____ Block: _____ Lot(s): _____

Owner's Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Contact for Permit: _____ Telephone: _____

Estimated Cost of Proposed Construction: _____

Address Location of Permit _____

Description of Work: _____

Proof of General Liability and Workers' Compensation Insurance for each of the below.

Architect: _____ License No: _____

Address: _____ Phone No: _____

Contractor: _____ License No: _____

Address: _____ Phone No: _____

Plumber: _____ License No: _____

Address: _____ Phone No: _____

Electrician: _____ License No: _____

Address: _____ Phone No: _____

PROPERTY INFORMATION:

Is this a permit to legalize an existing structure? () Yes () No

Will any trees be cut down? () Yes () No Tree Removal Application Attached? () Yes () No

Square Footage of Lot: _____ Current % of Lot Coverage: _____

Existing Volume per Certification Letter: _____

Zoning District: _____ Proposed % of Lot Coverage: _____

Proposed Volume: _____ Total Volume on Plot: _____

Total Lot Coverage: _____ Height: _____ feet Stories _____

Plan Bd/BZA or Plan Bd Sub Committee Approval: () Yes () No

Site Plan Review: () Yes () No

DISTANCES FROM PROPOSED BUILDINGS TO PROPERTY LINES:

	Front Yard	Rear Yard	Side Yard
Main Building	_____ feet	_____ feet	_____ feet
Accessory Structures	_____ feet	_____ feet	_____ feet

OWNER'S AUTHORIZATION:

1. I agree to permit the Building Inspector and any officer or employee of the Village of Old Westbury to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of the approved permit will remain on the premises at all times until a Certificate of Occupancy is issued. These plans will be made available to the Building Inspector.
3. The Building Inspector will be given a minimum of 48 hours notice to make the required inspection and no work will continue until such inspection has been completed and approved.
4. The owner or his/her representative will be responsible to arrange for all required inspections.
5. Permit will expire within one (1) year from date of issuance unless construction is in progress. No work is to be started until permit has been received by the applicant.

State of New York)

County of Nassau)

_____ depose and say: that he/she resides at
 _____ mail address of
 owner in the State of _____, that he/she is the owner of all certain lots,
 parcel of land shown on the attached survey Section _____ Block _____ Lot(s)
 _____ situated, lying and being within the incorporated area of the Village of Old
 Westbury; that I/we have read and understand the items above as here in stated, that
 the work to be done upon the premises, will be done in accordance with the approved
 application and accompanying plans, of which he/she is totally familiar and that he/she
 hereby names _____ as his or her representative to file this
 application on his/her behalf.

Sworn to me this _____ day of _____ 20__

Signature of Notary Public

Signature of Homeowner

**APPLICATION FOR
CERTIFICATE OF OCCUPANCY/COMPLETION
VILLAGE OF OLD WESTBURY
NEW YORK**

Certificate No.: _____ Application Date: _____

Issued Date: _____ Type: _____

No certificate will be issued unless all final requirements stamped on building plans are met. This includes a final survey, done by a licensed surveyor, electrical underwriter's certificate from Village approved electrical inspector, architect's certification letter and final inspection done by Village Superintendent of Buildings and Public Works. The undersigned, as owner, or agent for owner, (circle one) will request that final inspection to be made and a Certificate of Occupancy/Completion be issued for the (new/altered) building at the following location after all completed requirements are made.

Section: _____ Block: _____ Lot: _____

Street: _____

Building Permit No. _____

Issue Date: _____

Signature: _____

Address: _____

Phone: _____

Email: _____

REQUIREMENTS FOR CERTIFICATE OF OCCUPANCY:

1. Final survey (2 copies) stamped and sealed by a licensed land surveyor.
2. Electrical underwriters certification by village accepted agency
3. Architect's certified letter with signature and seal, stating that all phases of construction were constructed as per village approved plans. Project conforms to the N.Y. State Residential Code, International Building Code and the Village's allowable volume, zoning ordinance, structural design, strapping, hold downs, and Energy Code requirements.
4. Final inspection and approval of Building Department
5. Letter of certification of Drywells for Drainage from Engineer and/or Surveyor, stating number of installed drywells, dates and sizes of rings, dome and cover.
6. Approval of cesspool by Nassau Health Dept. (New Home)
7. Pressure test certification letter from installer.
8. Final approval from Water Department regarding upgrading of the meter pit.
9. Elevator Certification, (if an elevator is installed).
10. Completed landscaping. New homes must have a landscaping inspection done with the Building Inspector and Architectural Review Board Chairman. Landscaping must match what was originally approved.

BUILDING DEPARTMENT – GENERAL INFORMATION

Village of Old Westbury

1 Store Hill Road

Old Westbury, NY 11568

Office Hours: 9:00 a.m. – 4:00 p.m. Phone Number: (516) 626-0800

REQUIRED INSPECTIONS WILL BE NOTED ON PLANS BY THE BUILDING SUPERINTENDENT.

Superintendent of Buildings: Michael A. Malatino
Assistant to the Superintendent: Gina Furci
Water Superintendent: Thomas O'Connor

BUILDING PERMITS ARE IN EFFECT FOR 12 MONTHS FROM ISSUANCE AND INCREMENT FEES WILL BE APPLIED PRIOR TO THE ISSUANCE OF A CERTIFICATE OF COMPLETION OR OCCUPANCY

PERMITS and FEES:

- Maintain existing structure three times fee listed below.
- Volume Certification Deposit \$2,500.00
- Application Fee:**

Residential New Homes	\$300.00
Residential Alterations	\$150.00
Commercial New Building	\$750.00
Commercial Alterations	\$375.00
- New Residential Construction:**
Residential Building Permit Fee .30 per cubic foot of volume with construction extensions if needed as follows. No extensions beyond 12 mos.
3 mos. **\$500** 6 mos. **\$750** 9 mos. **\$1,000** 12 mos. **\$2,000**
- New Commercial Construction:**
Commercial Building Permit Fee .60 per cubic foot of volume with construction extensions if needed as follows. No extensions beyond 12 mos.
3 mos. **\$1000** 6 mos. **\$1500** 9 mos. **\$2,000** 12 mos. **\$4,000**
- Residential Additions/Alterations \$2,500.00 or .30 per cubic foot
(or whichever is greater)
- Commercial Additions/Alterations- \$3,500.00 or .60 per cubic foot
(or whichever is greater)

Note: 50% residential or commercial alterations will be charged as a 100% volume certified permit fee.

- Certificate of Completion/Occupancy - \$250.00 fee (separate check)
- Cesspool/Drywell Application - \$300.00 per cesspool/septic/drywell
- Demolition Permit: Total Demo \$1,500.00 All Others \$500.00
- Elevator: \$1750.00 + \$250.00 Fee
- Fences: \$500.00 + \$250.00 Fee
- Gas Line, Conversion, Boiler \$500.00 + \$250.00
- Generator, Pool Heater, Barbeque \$750.00 + \$250.00
- Indoor Fire Sprinkler \$750.00 + \$250.00
- Irrigation Well: Application Fee + \$750.00 + \$250.00
- Patio, Decks, Sheds and Gazebos: Application Fee + \$750.00+\$250.00
- Retaining Wall, Piers, Gates, Driveway: Application Fee + \$750 + \$250.00
- Street Opening \$250.00
- Swimming Pools & Tennis Courts: Applications Fee (\$150.00) +\$1000.00 + \$250.00
- Tank Abandonment or Replacement: \$500.00+\$250.00
- Underground Sprinkler System \$300.00
- New Water Service Applications - \$350.00 fee (New Homes)
- Water Tapping Connection (Fee determined by size) (New Homes)
- Infrastructure Improvement Fee: \$3,500.00 (New Home) (separate check)
- Infrastructure Improvement Fee: \$1,750.00 (Alterations) (separate check)
- Infrastructure Improvement Fee: \$1,200.00 (Other) (separate check)
- Nassau County Assessors Sheet
- Signed and sealed ¼ inch scale construction plans with zoning calculations, setbacks and volume in duplicate.
- Plot plans in duplicate
- Certificate of general liability & workman's compensation insurances, naming The Village of Old Westbury as an additional insured.
- Signed & completed SWPP form for one acre or more disturbance
- Copy of Nassau County Home Improvement License.
- Landscape Screening Plans in duplicate, for pools or tennis courts.
- Signed, original, engineer's schematic on all pools, in duplicate.
- Notarized affidavit from owner on landscape screening.
- Notarized affidavit from owner on pool fence.
- Water service & meter pit must be upgraded and meet the Village and County requirements before a permit will be issued.**

AFFIDAVIT

SWIMMING POOL – LANDSCAPE SCREENING

I, _____, am the owner of property located in Old Westbury, Section _____, Block _____, Lot _____. I am aware that screening of my proposed swimming pool is required before a certificate of occupancy is issued and that I cannot use said swimming pool until the certificate is issued.

Please be advised that I have entered into a contract to screen the swimming pool with _____ of _____, as soon after the pool is completed and the planting season permits, in order to comply with Section 216-20B of the Old Westbury Building Zone Ordinance.

OWNER _____

ADDRESS _____

Sworn to before me this

_____ Day of _____

Notary Public

AFFIDAVIT

SWIMMING POOL – FENCING

I, _____, am the owner of property located in Old Westbury, Section _____, Block _____, Lot _____. I am aware that a fence is required to enclose the proposed swimming pool to be built on the above mentioned property. I am also aware that the pool may not be filled until said fence is constructed.

Please be advised that I have entered into a contract with _____ of _____, whose address is _____

to construct the fence as soon after the pool is completed and before it is filled in order to comply with part 720 of the New York State Uniform Fire and Prevention and Building Code.

Sworn to before me this

_____ Day of _____

Notary Public

INCORPORATED VILLAGE OF OLD WESTBURY

1 STORE HILL ROAD

OLD WESTBURY, NY 11568

ASSESSOR'S FORM

Section _____ Block _____ Lot _____ Zone _____ Date _____

Address of Construction _____

Property description: Residential Commercial Other

Existing conditions (photo required):

Lot: size _____ sq ft

Coverage: _____ sq ft

Floor Area: _____ sq ft

Number of Stories: _____

Bathrooms: full _____ half _____

Kitchen: Renovate New

Garage: Number of cars _____

A/C units: _____

Pool: Gunite Vinyl _____ sq. ft

Deck: _____ sq ft

Description of Work: _____

Alteration Addition New construction Demo Pool

Proposed Conditions (photo or rendering required):

Lot Coverage: _____ sq ft

Floor Area: _____ sq ft

Second Floor: _____ sq ft

Number of Stories: _____

Bathrooms: full _____ half _____

Bathrooms: Renovate New

Kitchen: Renovate New

A/C units: _____

Fireplace(s): _____

Central air unit(s): _____

Basement: Full Partial

Finished: _____ %

Garage: Number of cars _____

Garage: Attached Under

Pool: Gunite or Vinyl _____ sq. ft

Deck: _____ sq ft

Official Use Only

Permit date _____ **Percent completed** _____ **Date** _____

Exterior _____ **Interior finish** _____ _____



**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 _____

CITY, TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION: _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

Check one

OWNER OR LESSEE

NAME OF BUSINESS _____

CONTACT PERSON/OWNER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

**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

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES NO

FINISHED ATTIC YES NO

BASEMENT FINISH

1/4 1/2 3/4 FULL

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 _____
LOT(S) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____