

Permit No. _____ Permit Fee _____ Date _____ Job _____

INC. VILLAGE OF OLD WESTBURY
APPLICATION FOR SPORTS COURT 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

Tennis Court Affidavit

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

Please be advised that I have entered into a contract with _____ of
_____ whose address is
_____ to screen the tennis court as soon after the
court is completed in order to comply with Section 216-20B of the Old Westbury Building
Zone Ordinance.

OWNER _____
ADDRESS _____

Sworn to before me this
_____ Day of _____, 20__

Notary Public

**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 A CERTIFICATE OF OCCUPANCY

1. Final Survey (2 copies) stamped and sealed by a licensed land surveyor.
2. Electrical underwriter's 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 Department (For a New Home)
7. Pressure test certification letter from installer.
8. Final approval from the Water Department regarding possible upgrading of your meter pit.
9. Elevator Certification (if applicable)
10. Completed Landscaping. New homes must have a landscaping inspection done with the Building Inspector and Planning Board Sub-Committee Chairman. Landscaping must match what was originally approved.

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 | 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 NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

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 _____