

**VILLAGE OF OLD WESTBURY**  
**APPLICATION FOR DEMOLITION PERMIT**



**PRIOR TO THE DEMOLITION OF A STRUCTURE, THE FOLLOWING MUST BE SUBMITTED TO THE VILLAGE OF OLD WESTBURY**

- **A written reason for Demolition**
- **Written statement of proposed use**
- **Pictures or brochure of existing home**
- **Period in which structure was attempted to be sold**
- **Any other hardship explanation to justify demolition**

**IF DETERMINED TO BE HISTORICAL, AN APPLICATION TO THE BOARD OF HISTORICAL REVIEW/TRUSTEES MUST BE MADE. IF APPROVED FOR DEMOLITION, APPLICANT MUST CONTACT VILLAGE OF OLD WESTBURY AT 516 626-0800 AT LEAST TWENTY-FOUR HOURS PRIOR TO DEMOLITION FOR HISTORIAN TO PHOTOGRAPH STRUCTURE FOR RECORD KEEPING.**

Permit # \_\_\_\_\_ Date \_\_\_\_\_  
Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s) \_\_\_\_\_

***Demolition Permits must have following before application can be reviewed:***

**Permit Fees: Dwelling - \$1,500.00**

**Each Additional Accessory Structure - \$500.00**

**\$150 Application Fee+ \$1,750.00 Infrastructure Improvement Fee**

Letter from PSEG confirming that all electrical facilities have been terminated.

Letter from an asbestos removal company confirming building is asbestos free.

Nassau County Health Department letter stating building is rodent free.

Contractor's Workman's Compensation Insurance and General Liability naming Village of Old Westbury  
Proof of Water Service Disconnect.

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address of demolition: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone \_\_\_\_\_

Description of Demolition: \_\_\_\_\_

**Cost of Demolition:** (required) \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

License # \_\_\_\_\_

Phone Number \_\_\_\_\_

Will any trees be cut down? Yes \_\_\_\_\_ No \_\_\_\_\_ Tree Removal Permit # \_\_\_\_\_

Signature of owner \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature 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:  Gunitite or  Vinyl \_\_\_\_\_ sq. ft Deck: \_\_\_\_\_ sq ft

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**Description of Work:** \_\_\_\_\_

Alteration  Addition  New construction  Demo  Pool

**Proposed Conditions (photo or rendering required):**

Lot Coverage: \_\_\_\_\_ sq ft

Floor Area: \_\_\_\_\_ sq ft

First Floor: \_\_\_\_\_ sq ft

Second Floor: \_\_\_\_\_ sq ft

Basement: \_\_\_\_\_ 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:  Gunitite or  Vinyl \_\_\_\_\_ sq. ft Deck: \_\_\_\_\_ sq ft

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**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
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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
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

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

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"/> <b>BASEMENT FINISH</b> 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 \_\_\_\_\_  
LOT(S) \_\_\_\_\_  
CA # OR BLDG # \_\_\_\_\_  
UNIT # \_\_\_\_\_  
DATE \_\_\_\_\_