



OLD WESTBURY SOLAR ENERGY BUILDING PERMIT.

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION FOR THE PERMIT.

- TWO COPIES OF THE BUILDING PERMIT SPECIFYING WHAT IS BEING DONE.
- A CERTIFICATE OF OCCUPANCY FORM
- BOARD OF ASSESSORS FORM
- 2 SETS OF PLANS
- TWO COPIES OF SEALED/SIGNED ENGINEER'S STRUCTURAL REPORT.
- A ONE LINE ELECTRICAL DIAGRAM
- SPEC SHEETS OF THE SOLAR PANELS
- SPEC SHEETS OF THE INVERTER
- NASSAU COUNTY HOME IMPROVEMENT LICENSE
- CONTRACTOR'S CERTIFICATE OF LIABILITY INSURANCE.
- CONTRACTOR'S CERTIFICATE OF WORKER'S COMPENSATION INSURANCE.
- INSTALLATION MANAGER'S MASTER ELECTRICIAN'S LICENSE.
- PERMIT FEE (\$1,000), CERTIFICATE OF OCCUPANCY FEE (\$250) AND INFRASTRUCTURE FEES (\$1,200) - **(ALL ON SEPARATE CHECKS)**

§ 216-154. Matters to be referred to Planning Board Sub-Committee.

A. Prior to the issuance of a building permit for installation of a solar panel or panels, either freestanding or in any manner attached to any structure, the applicant shall file with the Committee a copy of the plans for the proposed solar panel installation.

The Planning Board Sub-Committee application fee is \$500.00, and the board meets the third Thursday of the month.

All Applications are due the second Thursday of the month.

Permit No. _____ Permit Fee _____ Date _____ Job _____



**INC. VILLAGE OF OLD WESTBURY
APPLICATION FOR RESIDENTIAL SOLAR 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: _____

Zoning District: _____ Proposed % of Lot Coverage: _____

Planning/BZA Approval?: () Yes () No Site Plan Review?: () Yes () No

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. _____



§ 216-154. Matters to be referred to Planning Board Sub-Committee.

A. Prior to the issuance of a building permit for installation of a solar panel or panels, either freestanding or in any manner attached to any structure, the applicant shall file with the Committee a copy of the plans for the proposed solar panel installation.

The Planning Board Sub-Committee application fee is \$500.00 and the board meets the third Thursday of the month.

All Applications are due the second Thursday of the month.

OLD WESTBURY PLANNING BOARD SUB COMMITTEE APPLICATION

Architect: _____

Represented by: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Applicant: _____

Address: _____

Please complete what pertains to your application. Catalogue cut sheets and manufacturer's names and styles are required for the following exterior finishes.

Solar Panels _____

Location of Panels _____

Number of Panels _____

Site Plans by _____

Module Specs _____

Calculations _____

Model/Rendering submitted _____

Front Door _____

Garage Doors _____

Roof _____

Exterior walls _____

Exterior Trim _____

Stone _____

**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/alterd) 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	Check one	NAME OF BUSINESS
---------------------	-----------	------------------

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

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">IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</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"/> 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 _____
LOT(S) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____