

The following are required with the submission of this application:

- \$1,750.00 Permit fee
- \$250.00 Certificate of Occupancy fee
- Certificates of General Insurance and Workman's Compensation coverage. from contractors, naming the Village of Old Westbury as additional insured.
- Set of two drawings, signed and sealed. Drawings should include general notes and details, foundation and floor plans, sections and details, elevations and exterior details, and site plan with calculations and details.

**VILLAGE OF OLD WESTBURY**  
**APPLICATION FOR Elevator Installation**

Permit No.: \_\_\_\_\_ Issued: \_\_\_\_\_

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

Owner's Last Name: \_\_\_\_\_ First \_\_\_\_\_

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

Cell Phone: (     ) \_\_\_\_\_ Alternate Phone: (     ) \_\_\_\_\_

Contact for permit: \_\_\_\_\_ Telephone: \_\_\_\_\_

Description of work: \_\_\_\_\_

**Architect:** \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**Contractor:** \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**Electrician:** \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Prior to the issuance of a certificate of occupancy, the elevator company shall furnish a letter to the Superintendent of Buildings stating that the elevator is in good operating condition in accordance with:

1. N.Y.S. Building Code Section 3001
2. A.N.S.I. 117.1
3. N.Y.S. Elevator Law A 17.1

The Village requires annual inspections, and a letter confirming preventive maintenance has been done to insure good operating conditions.

**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
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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 \_\_\_\_\_