



INCORPORATED VILLAGE OF
EAST ROCKAWAY

DEPARTMENT OF BUILDING, ZONING
AND CODE ENFORCEMENT
P.O. BOX 189
EAST ROCKAWAY, N.Y. 11518-0189
PHONE: (516) 887-6310
FAX: (516) 887-6311

**SUPERINTENDENT
PLANNING DIRECTOR**
DENNIS McCABE, C.P.C.A.

Instructions for Filing a Building Permit

Complete a building permit application form; supply all relevant information including names, addresses, and phone numbers of the owner, contractor, and architect or engineer. This application must be signed by the property owner and notarized.

A complete packet with all necessary information listed below must be submitted or application will not be accepted.

Requirements:

- A complete Building Permit application with all appropriate information, including applicant's notarized signature.
- Complete a Nassau County Board of Assessors form.
- Three sets of construction drawings --1/4" scale.
- Three copies of a current, legible property survey.
- There is a permit and/or C of C fee based on the cost of construction.
- Contractor/plumber information (specified below)

Insurance requirements for contractors and plumbers:

A current license along with a certificate of insurance showing coverage for liability and workers' compensation must be supplied (listing the Inc. Village of East Rockaway, 376 Atlantic Avenue, East Rockaway, NY 11518 as the Certificate Holder) or a workers' compensation waiver which is issued by the state. In the case of a homeowner doing their own work, an affidavit supplied by this department must be submitted, signed, and notarized.

Plumbers:

All plumbers must be licensed by a participating town or village of the Nassau County Tri-Town Reciprocal Plumbing Agreement. There is a separate form for plumbing work.

Electrical:

All electricians must be licensed by the Town of Hempstead. An Electrical Inspection Certificate is required to close out building permits. Prior to commencing any electrical work in order to schedule the appropriate inspections contact one of the approved Electrical Inspection Agencies below:

- Electrical Inspectors, Inc. at 516-794-0400, or 800-794-1468
- Electrical Inspection Service at 631-286-6642,
- Certified Electrical Inspections, Inc at 631-598-5610,
- Long Island Electrical Inspections LTD at 516-865-2548, website: lieil.net
- Suffolk Bureau of Electrical Inspectors, Inc at 631-495-8136; website: suffolkbei.com
- Alliance Electrical Inspections LTD at 516-248-0820

This certificate is needed to close out your building permit. This office will only accept certificates for new work which state an electrical inspection has been conducted, not an electrical survey.

INC. VILLAGE OF EAST ROCKAWAY BUILDING DEPT.
 376 ATLANTIC AVENUE, PO BOX 189, EAST ROCKAWAY, NY 11518
 PH: 516-887-6310 • FAX: 516-887-6311
 www.villageofeastrockaway.org

BUILDING PERMIT APPLICATION

INSTRUCTIONS: This application shall be filled out in its entirety. Three fully detailed structural drawings prepared to scale of at least 1/4" to the foot and 3 surveys must accompany this application. Surveys must show all existing and proposed buildings, all setbacks, and the average front yard setback as required by the Zoning Ordinance. It is the policy of this department to abandon and destroy, without notification, any application that has been left dormant by the owner or agent thereof for 90 days. All fees paid in relation to such an application will be non-refundable and non-transferable. One copy of permit (bearing the approval of the Building Department) shall be kept at the site of the work and exhibited on demand to any Building Inspector of the Inc. Village of East Rockaway. No work, including excavations, to commence prior to issuance of permit.

<i>Office Use Only:</i>			
Permit # _____	Permit Fee \$ _____	C of O/C of C Fee \$ _____	TOTAL \$ _____

OWNER		TEL. # _____	
OFFICIAL ADDRESS PERMIT APPL. FOR _____		ZONE _____	
CURRENT USE (ie: 1 family, 2 family, retail, restaurant ect...): _____		PROPOSED USE (ie: converting to 1 family, retail, ect...): _____	
VILLAGE SECTION _____	VILLAGE BLOCK _____	VILLAGE LOT(S) _____	

	NAME	MAILING ADDRESS	TEL. #
ARCH. OR ENG.			
OWNER			
CONTRACTOR			

Please Note: A Copy of the Contractor's current **Liability Insurance, Worker's Compensation Insurance and Current NC Home Improvement License** MUST be Submitted w/ this application. -OR- Appropriate Notarized Affidavit Waiving Same.

Work Proposed: _____

Construction Cost \$ _____

The owner of this building and the undersigned agree to conform to all applicable laws of the Village of East Rockaway. The Village code is on our website www.villageofeastrockaway.org

_____, states that he/she is authorized to make this application and that all statements are true to the best of his/her knowledge and belief. (If corporation, give name of corporation and name, office, and address of its responsible officers).

 Owner's signature

 Applicant's signature

 Address

 Tel. #

Sworn to before me this
 _____ day of _____, 20____

 Notary Public

INC. VILLAGE OF EAST ROCKAWAY
OWNERS ACKNOWLEDGMENT AFFIDAVIT

STATE OF NEW YORK
COUNTY OF NASSAU
VILLAGE OF EAST ROCKAWAY

Date: _____

_____ being duly sworn deposes and says that I am the owner of _____, and that I have authorized the work to be performed under the attached building permit application dated _____. I have familiarized myself with the conditions set forth for the issuance of a building permit as well as the Code of the Village of East Rockaway including but not limited to:

1. That the Permit is valid for one year from date of issuance and upon expiration must be renewed for an additional year at the full permit fee as per the fee schedule in effect at the time of renewal.
2. That all required inspections must be completed and all necessary paperwork submitted (electrical inspection certificate, final survey, etc..) prior to the issuance of a Certificate of Occupancy or Compliance.
3. Insuring that the Building Department is contacted at least one day prior for all inspections as listed on the Permit.
4. Construction work shall only be performed Monday thru Saturday from 7:00 am to 8:00 pm and not on Legal Holidays.
5. That the Construction site shall be kept in a clean and safe condition at all times.
6. That all Construction Waste must be disposed of at my own expense and shall not be placed at the curb for regular Sanitation Pick-up.
7. That all changes to the project must be approved by the Building Department and the Architect/Engineer of record.

I make this affidavit with the full knowledge that the Building Department relies upon the truth of the statements herein contained and in relying thereon will issue a permit called for in the application.

(Property Owners Signature Only)

Sworn to before me this

_____ day of _____, 20_____



BOARD OF ASSESSORS
COUNTY OF NASSAU

240 OLD COUNTRY ROAD
MINEOLA, N.Y. 11501

Date Rec'd.

BUILDING PERMIT

OFFICE USE ONLY

SECTION	BLOCK	LOT	TOWN, CITY, VILLAGE	SCHOOL DIST NO.	PERMIT, NUMBER, TOWN CITY, VILLAGE, AND DATE ZONED AS
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LOCATION OF BUILDING N.E.S.W. SIDE OF _____ FEET N.E.S.W. OF _____
OR CORNER OF _____ AND _____

NUMBER AND STREET ADDRESS OF PROPERTY

OWNER LESSEE

NAME

STREET ADDRESS

POST OFFICE

ZIP

OWNER OR LESSEE

POST OFFICE AND ZIP CODE

TELEPHONE #

TYPE OF IMPROVEMENT

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> CENTRAL AIR
		<input type="checkbox"/> ADDITION	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> RELOCATION

SELECTED CHARACTERISTICS OF BUILDING

PRINCIPLE TYPE OF CONSTRUCTION

<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> BSMT
<input type="checkbox"/> MASONRY	<input type="checkbox"/> SLAB
<input type="checkbox"/> STEEL	<input type="checkbox"/> OTHER

RESIDENTIAL ONLY

NUMBER OF BATHROOMS

BSMT. FINISH ATTIC FINISH

PLUMBING FIXTURES

NUMBER OF LAVATORIES _____
WATER CLOSET _____
BATH TUB _____
STALL SHOWER _____
KITCHEN SINKS _____
LAUNDRY TUB _____
URINAL _____
BIDET _____
TOTAL _____

ESTIMATED COST OF IMPROVEMENT

PRINCIPLE TYPE OF HEATING AND/OR CENTRAL AIR CONDITIONING

<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICITY
<input type="checkbox"/> OIL	<input type="checkbox"/> COAL
<input type="checkbox"/> OTHER	<input type="checkbox"/> CENTRAL AIR CONDITIONING

COMMERCIAL/INDUSTRIAL ONLY
 NEW CONSTRUCTION OR ADDITION
MUST INCLUDE SITE PLAN

SPRINKLER SYSTEM

ELEVATOR

DESCRIPTION OF IMPROVEMENT AND ESTIMATED COST

FIELD REPORT

FIELD REPORT (CONTINUED)

SECTION

BLOCK

LOT

DATE OF GRANTING OF PERMIT

Signature of Applicant

NOTE: SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant

TELEPHONE #



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e-mail Buildings@villageofeastrockaway.org

SUPERINTENDENT
THOMAS A. SMITH

VILLAGE ENGINEER
JUAN A. GARCIA, P.E.

CONTACT INFORMATION

Project Address _____

Building Permit No. _____

Owner (or Owners representative): _____

Address: (if different from above) _____

Day Time Telephone Number _____

e-mail address _____

Architect/Engineer: _____

Address _____

Telephone Number _____

e-mail address _____

Contractor: _____

Address _____

Telephone Number _____

e-mail address _____

Plumber: _____

Address: _____

Telephone Number _____

e-mail address _____