

REQUIRMENTS PRIOR TO DEMOLITION OR START OF CONSTRUCTION

- 1- A SIX FOOT HIGH CONSTRUCTION FENCE AROUND PERIMETER OF PROPERTY.
- 2- GATE FOR FENCE MUST BE SET BACK TWO FEET GREATER THEN GATE SIZE FROM CURB OR SIDEWALK IF ONE EXISTS AT LOCATION. GATE CANNOT BLOCK SIDEWALK.
- 3- GATE IS TO HAVE A FIXED POST FOR GATE FUNCTION AND LOCK.
- 4- FENCE REQUIRES ANCHORING AT EACH SECTION FOR HIGH WIND (SAND BAGS OR SOMETHING EQUAL).
- 5- THREE FOOT HIGH SILT FENCE (ATTACHED TO FENCE AND GROUND) WITH HAY BALES SET 6 INCHES INTO GROUND AROUND PERIMETER OF PROPERTY TO PREVENT ILLICIT DISCHARGE OF SEDIMENT AND MUD ONTO STREETS OR ADJOURNING PROPERTIES.
- 6- ALL TREES MARKED FOR PROTECTION REQUIRES A SELF SUPPORTING BARRIER (MINIMUM OF FOUR FEET HIGH) WHICH STAND MINIMUM FOUR FEET AWAY IN EACH DIRECTION OF CONSTRUCTION.
- 7- APPROVED TRUCK MUD MATS AT DRIVEWAY ENTRANCE OF SITE TO PREVENT ILLICIT DISCHARGE OF SEDIMENT AND MUD ONTO STREETS. (TERRAFIX GEOSYNTHETICS OR EQUAL).
- 8- PERMIT TO BE DISPLAYED AT SITE AT ALL TIMES.
- 9- INSPECTION THAT ALL REQUIRMENTS HAVE BEEN FULFILLED PRIOR TO ISSUE OF PERMIT.

THE FOLLOWING FORMS AND INFORMATION MUST BE FILED FOR A DEMOLITION PERMIT

1. Demolition application.
2. Survey of existing conditions also indicating location, size and type of trees on property.
3. Health Department certification that the building and premises are free of rodent infestation.
4. Electric, gas, water, telephone and sewer disconnect letters from utility company or municipal agency.
5. Pictures of existing structure – all elevations.
6. Proof of liability, compensation and disability insurance naming the Village of Great Neck as Certificate Holder and on the liability certificate, the Village of Great Neck must be named as Additional Insured.
7. The owner/agent certifies in writing that due diligence has been taken to research the records of the Village Building Department and the Town of North Hempstead to verify any record of subsurface structures on the demolition site and that the demolition site has been explored and declared free and clear of subsurface structures to the best of their knowledge.
8. Asbestos survey report by a certified asbestos investigator indicating that no asbestos containing materials are present as determined by visual inspections, including all suspected concealed asbestos areas, i.e. steam pipes, etc. Concealed areas to be opened to determine the extent of any asbestos material. All asbestos material to be removed in compliance with all governmental requirements. All appropriate certifications of removal and air quality test results shall be submitted.
9. Affidavits to be submitted to the Village that all property owners within 200 feet from every corner of the subject property has been notified by certified letter that the subject property building is to be demolished.

PROCEDURES TO BE FOLLOWED DURING BUILDING DEMOLITION

1. Notify Building Department 24 hours prior to commencement of demolition.
2. Provide six (6) fence and privacy weave around entire site pursuant to the provisions of the State Building Code.
3. Sidewalks and streets to be kept clean.
4. Protect trees to be saved in accordance with Village requirements. Earth around said trees not be compacted.
5. Site to be kept clean of debris.
6. At the end of the day, any cut holes, during excavation, shall have 1:2 slope. Maximum piled excavation shall be sloped at 1:2 ratio.
7. Only clean fill, without any organic or construction debris, shall be used.
8. Hose down all disturbed area to keep dust to a minimum.
9. Code compliant erosion control measures must be in place.

ALL vehicles used in connection with any, or by persons or companies working on any, building construction or demolition must be parked legally and may not obstruct the free flow of traffic on any public street.

Permit No: _____

VILLAGE OF GREAT NECK
61 BAKER HILL ROAD
GREAT NECK, NY 11023

C.O./C.C. NO. _____

Dated _____

Dated _____

APPLICATION FOR DEMOLITION PERMIT
(TYPEWRITTEN ONLY)

TO BE MADE OUT ON BOTH SIDES, IF APPLICABLE, and accompanied by a current survey and two sets of plans showing existing and proposed buildings drawn to scale with typewritten specifications.

The New York State Law requires that a Certificate of Workers' Compensation Insurance, General Liability Insurance and Certificate of Disability Insurance be filed with this application.

Application is hereby made to the Village of Great Neck for the approval of the details statement and plans herewith submitted for the construction, removal or demolition of the buildings, additions and or alterations herein described.

DEMOLITION

ADDRESS _____

ZONING DISTRICT _____

SECTION _____ BLOCK _____ LOT(S) _____

DESCRIPTION OF WORK _____

Total Floor Area of Proposed Building or Addition _____

Total Present Building Area Existing _____

No. Square Feet of Additional Habitable Space _____

Identify Required Variance(s) _____

Name & Address of Owner _____

Telephone No. _____

24 Hour Emergency Contact _____

Telephone No. _____

Name & Address of Architect _____

Telephone No. _____

Name & Address of Contractor _____

Telephone No. _____

Contractors Nassau County Home Improvement License No. _____

STATE OF NEW YORK)

) ss:

COUNTY OF NASSAU)

_____, being duly sworn says he/she

is _____ of the property above described.

(owner/agent)

APPLICANT PRINT NAME

APPLICANTS SIGNATURE

That all statements made in this application are true to the best of his/her knowledge and belief.

Sworn to before me this ____ day of _____, 200__.

NOTARY

OWNERS AUTHORIZATION

JOB LOCATION (ADDRESS) _____

SECTION _____ BLOCK _____ LOT(S) _____

I, _____, owner of the above described
(Print Name)
premises, situated within the Incorporated Village of Great Neck, New York HEREBY,
authorize _____ having a place of business at
_____ to obtain a building and related
permits in connection with the construction of: _____ at the
above to premises

(Owners Signature)

That all statements made in this application are true to the best of his/her knowledge and belief. Sworn to before me this _____ day of _____, 200__.

NOTARY

I, THE UNDERSIGNED AM AUTHORIZED TO EXECUTE THIS AFFIDAVIT AS FOLLOWS:

As owner of premises herein described: _____
As Principal of Corporation, Firm or Company Partnership _____

I hereby authorize the Superintendent, Plan Examiner, Building Inspector and/or Agent of the Building Department, and legal counsel to enter upon and inspect my property and any structure(s) on the property prior to the Building Department rendering a determination with regard to this Building Permit application.

I also make representation that I have searched the records and files of the Building Department, and attest that all facts and information contained therein have been reviewed and examined, inclusive of this Building Permit application, conditions, and requirements.

Title: _____

Dated: _____ Signature _____

Owner Phone: _____ Mailing Address _____

**DO NOT WRITE BELOW THIS LINE
FOR DEPARTMENT APPROVAL**

PERMIT

NO: _____ DATED _____ CONST.COST _____ FEE _____

SUPERINTENDENT/INSPECTOR

ALL vehicles used in connection with any, or by persons or companies working on any, building construction or demolition must be parked legally and may not obstruct the free flow of traffic on any public street.



**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 _____

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 _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person - Sign & Print _____
 Address of Applicant/Contact Person _____ Telephone _____

FIELD REPORT ON REVERSE

TOWN _____
 SCHOOL DISTRICT _____
 SECTION _____
 BLOCK _____
 LOTS(S) _____
 CA # OR BLDG # _____
 UNIT # _____
 DATE _____

ON CONTRACTOR'S/BUILDER'S LETTERHEAD

DATE:

TO WHOM IT MAY CONCERN

RE: SUBJECT PROPERTY ADDRESS

**THIS NOTICE IS BEING FORWARDED IN ACCORDANCE
WITH VILLAGE OF GREAT NECK DEMOLITION
APPLICATION REQUIREMENTS.**

**THIS IS TO ADVISE YOU THAT THE BUILDING REFERRED
TO ABOVE IS SLATED FOR DEMOLITION IN THE NEAR
FUTURE.**

PLEASE BE ADVISED ACCORDINGLY.

VERY TRULY YOURS,

VIA CERTIFIED MAIL

