

## ***Incorporated Village of Bellerose***

50 Superior Road, Bellerose Village, NY 11001

Phone: 516-354-1000 Fax: 516-354-1033

www.bellerosevillage.org

### **BUILDING PERMITS - GENERAL INFORMATION**

**Building Permits are required for all exterior work and for any structural, relocation or replacement changes to the interior of a building. Contact the Building Department BEFORE starting any work.**

1. All new work, alterations and replacements must be in compliance with the Building Code of the Village of Bellerose (Chapter 68) and the New York State Uniform Fire Prevention and Building Code.
2. All applications are subject to Building Department approval. Fees are non-refundable and must be paid before a permit can be issued. Building Permits are issued as soon as practicable after receipt of all documents and approval of the application.
3. Before a permit application can be accepted, all required documents must be received, including:
  - a) Fully completed Application form. If an item is "not applicable", note as N/A
  - b) \$50. Deposit toward the permit fee
  - c) Notarized Owner's Authorization
  - d) Description of the work and costs
  - e) Contractor's information
  - f) For work being performed by a contractor: the contractor must provide:
    1. Copy of the contractor's Nassau County license.
    2. Proof of Liability Insurance **naming the Village of Bellerose as additionally insured** and as Certificate Holder
    3. Proof of Workers' Compensation Insurance listing the Village of Bellerose as Certificate Holder
    4. Proof of Disability Insurance (DB-120) listing the Village of Bellerose as Certificate Holder
  - g) For work being performed by a homeowner:
    1. a completed notarized Homeowner's Certification available from the Building Inspector
    2. the front page of homeowner's insurance policy
4. Once the permit has been approved, you will be notified of the fees due. All fees must be paid before a permit is issued.
5. Permits are valid for one (1) year from date of issue and must be renewed by the Building Department if work is not completed in order to avoid a summons.
6. Permit must be placed in front window facing the street.
7. Most exterior changes also require approval of the Architectural Review Committee (ARC). For exterior changes or additions that require ARC approval, as determined by the Building Inspector, the application must also include:
  - a) color photos of existing conditions
  - b) color photos of adjoining properties
  - c) the proposed plans including drawings, architectural plans, plot plans, as applicable
  - d) pictures / samples of colors and materialsThe ARC meets the second Wednesday of each month. Applications must be submitted one week prior.
8. For roof replacements and repairs use a Roofing Permit application, available on the website and Village Hall. Sign Permits are required for business district signs and may be subject to ARC approval. Contact Village Hall for a Sign Permit application.

**Upon issuance of the permit it is the responsibility of the permit holder to request inspections.** Contact the Village of Bellerose Building Department to schedule an inspection appointment. 516 354-1000.

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**BUILDING PERMIT APPLICATION**

DATE \_\_\_\_\_

**PROPERTY INFORMATION**

SECTION: 32 BLOCK: \_\_\_\_\_ LOTS: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

OWNER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

Is this a permit to legalize an existing structure? YES \_\_\_\_\_ NO \_\_\_\_\_

ESTIMATED COST OF PROPOSED CONSTRUCTION: \_\_\_\_\_

SQ. FEET OF LOT \_\_\_\_\_ SQ. FT OF WORK AREA: \_\_\_\_\_

**ARCHITECT / ENGINEER**

NAME \_\_\_\_\_ LIC# \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CONTRACTOR**

NAME \_\_\_\_\_ LIC# \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**ELECTRICIAN\***

NAME \_\_\_\_\_ Reciprocal LIC# \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

**\*Attach a copy of the current license showing proof of ability to work in the Town of Hempstead or Nassau County**

**PLUMBER:** Separate Plumbing Application must be filed and a separate plumbing permit issued. All plumbers must be licensed in Town of Hempstead or Nassau County.

**OFFICE USE ONLY**

Violation File Checked \_\_\_\_\_

Application Rec'd. by \_\_\_\_\_

Date Building Dept. Approved \_\_\_\_\_

Needs Architectural Review Committee Approval \_\_\_\_\_

Date Issued \_\_\_\_\_

Documentation Required Received \_\_\_\_\_

Fee Paid \_\_\_\_\_

Permit # \_\_\_\_\_

Date ARC Approved (if needed): \_\_\_\_\_

Issued by \_\_\_\_\_

**Incorporated Village of Bellerose  
Building Permit**

**OWNER'S AUTHORIZATION**

I hereby certify that:

- 1) The information provided on this permit application is true and correct. I understand that the Village of Bellerose will approve or deny a permit based on the information provided.
- 2) I agree to permit the Building Inspector and any officer or employee of the Village of Bellerose to enter upon the premises in the discharge of their duties with this application.
- 3) Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
- 4) Building permit must be placed in front window facing street.
- 5) Building Inspector will be given a minimum of 48 hours notice to make any required inspection and no work will continue until such inspection has been completed and approved.
- 6) Owner or his representative will be responsible to arrange for all required inspections.

State of New York]  
County of Nassau]

Property Owner - Please Print

\_\_\_\_\_

Property Owner deposes and says that he/she resides at:

\_\_\_\_\_

in the State of \_\_\_\_\_, that he/she is the owner in fee of all certain lots, parcel of land known as Section 32 Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ situated, lying and being within the Village of Bellerose; that I have read and understand items 1 through 6 as herein stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names \_\_\_\_\_ as his/her representative to file this application on his/her behalf.

Signature of Owner \_\_\_\_\_

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

Signature of Notary Public \_\_\_\_\_

\*\*\*\*\*

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY**

APPLICATION FEE: \_\_\_\_\_ APPLICATION #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
ZONE: \_\_\_\_\_ CLERK #: \_\_\_\_\_ BZA # \_\_\_\_\_ SITE PLAN REVIEW: \_\_\_\_\_  
LOCATION: \_\_\_\_\_

FOUNDATION SURVEY OK'D DATE: _____	SPECIAL CONDITIONS CHECKED: _____
ELECTRICAL CERTIFICATE: _____	WORK COMMENCED ON: _____
FINAL INSPECTION DATE: _____	DATE SIGNED OFF: _____
INSPECTOR SIGN OFF: _____	PLUMBING PERMIT #: _____
ESTIMATED COST: _____	SQUARE FOOTAGE X \$ _____ = _____

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### **INSURANCE REQUIREMENTS FOR CONSTRUCTION OPERATIONS**

#### **WORKERS COMPENSATION**

Coverage	Statutory
Extensions	Voluntary compensation All states coverage employers Employers liability - unlimited
Notice of Cancellation	30 Days
Evidence	Certificate of Insurance

#### **COMPREHENSIVE LIABILITY**

Coverage	Occurrence - 1988 ISO or equivalent
Limits	General Aggregate \$2,000,000 Products - comp/Ops Aggreg \$1,000,000 Pers. & Advert. Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Damage (Any One Fire) \$ 50,000 Medical Exp. (Any One Pers.) \$ 5,000
Notice of Cancellation	30 Days
Additional Insured	Inc. Village of Bellerose, all elected and appointed officials, employees and volunteers using ISO Form CG2010 (B) or equivalent.
Evidence	Certificate of Insurance and copy of additional insured endorsement

#### **OWNERS PROTECTIVE**

Coverage	Occurrence
Limits	Minimum Limit - \$1,000,000 CSL
Premium Payment	Responsibility of Contractor
Policy Period	Start of project and until project is accepted as completed by owner
Notice of Cancellation	30 Days
Evidence	1) Certificate of Insurance 2) Copy of Binder 3) Copy of original policy to be delivered within 45 days of start of project

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**License and Insurance Requirements for Permits**

**Each Contractor**

- 1) Nassau County License
- 2) Liability Insurance **naming the Incorporated Village of Bellerose as the Additionally Insured** & the Certificate Holder
- 3) Workers Compensation listing the Incorporated Village of Bellerose as the Certificate Holder
- 4) DB-120 (Disability) listing the Incorporated Village of Bellerose as the Certificate Holder

Please contact the Building Department @ 516-354-1000 or 516-315-4769 for assistance.



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: BELLEROSE

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC CONFIG DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) \_\_\_\_\_ N.E.S.W. SIDE OF \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_ Check one:  OWNER OR  LESSEE NAME OF BUSINESS \_\_\_\_\_

CITY, TOWN, VILLAGE \_\_\_\_\_ ZIP \_\_\_\_\_ CONTACT PERSON/OWNER \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_ ADDRESS \_\_\_\_\_

WORK MUST BEGIN BY \_\_\_\_\_ PRINCIPLE TYPE OF CONSTRUCTION:  STEEL  MASONRY  FRAME PHONE \_\_\_\_\_

PERMIT EXP DATE \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_ IF YOU WISH TO GROUP OR APPORTION LOTS

# BLDGS ON LOT \_\_\_\_\_ 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

<b>PERMIT TYPE - CHECK ALL ITEMS THAT APPLY</b> <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 _____		<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		<b>DOES RESIDENCE HAVE THE FOLLOWING</b> 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"/>	
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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 \_\_\_\_\_ 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



**BUILDING PERMIT  
COMMERCIAL OR MIXED USE PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: BELLEROSE

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 \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_  OWNER OR  LESSEE ADDRESS \_\_\_\_\_

DATE TO BEGIN \_\_\_\_\_ PRINCIPLE TYPE OF CONSTRUCTION \_\_\_\_\_ PHONE \_\_\_\_\_

DATE TO COMPLETE \_\_\_\_\_  STEEL \_\_\_\_\_ EMAIL \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_  MASONRY \_\_\_\_\_

# BLDGS ON LOT \_\_\_\_\_  OTHER \_\_\_\_\_

If you wish to group or apportion lots, please call  
516-571-1500 for more information.

DESCRIPTION OF WORK *IN DETAIL* (PLEASE PRINT CLEARLY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHECK ALL THAT APPLY** **USE BY SIZE AND FLOOR**

- NEW BUILDING
- ADDITION (CHANGE IN S.F.)
- DEMOLITION
- ALTERATION (NO CHANGE IN S.F.)
- OTHER (Describe) \_\_\_\_\_
- FAÇADE
- BASEMENT RENOVATION/ALTERATION
- HVAC
- ROOF
- PLUMBING

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT	_____	_____	_____	_____
1ST	_____	_____	_____	_____
1ST addnl use	_____	_____	_____	_____
2ND	_____	_____	_____	_____
UPPER FLOORS	_____	_____	_____	_____
TOTAL # FLOORS	_____	_____	_____	_____

	SIZE	QUANTITY
<input type="checkbox"/> ELEVATORS	_____	_____
<input type="checkbox"/> SPRINKLERS	_____	_____
<input type="checkbox"/> SOLAR	_____	_____
<input type="checkbox"/> ANTENNA	_____	_____
<input type="checkbox"/> BILLBOARD	_____	_____
<input type="checkbox"/> SATELLITE DISH	_____	_____

List additional use in comments section

**Residential Use**

	Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
CO-OP	<input type="checkbox"/>	_____	_____	_____
CONDO	<input type="checkbox"/>	_____	_____	_____
RENTAL	<input type="checkbox"/>	_____	_____	_____
Studio	_____	_____	_____	_____
1BDRM	_____	_____	_____	_____
2BDRM	_____	_____	_____	_____
3BDRM	_____	_____	_____	_____
4 BDRM	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By \_\_\_\_\_

Date of Granting of Permit \_\_\_\_\_

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

Signature of Applicant/Contact Person \_\_\_\_\_

FIELD REPORT ON REVERSE Please Print Name \_\_\_\_\_ Tele # \_\_\_\_\_

Township

School District

Section

Block

Lot(s)

Date