

Inc. Village of Bellerose
50 Superior Road, Bellerose Village, NY 11001
516-354-1000 Fax: 516-354-1033

BUILDING PERMIT APPLICATION

PAGE ONE - - - COMPLETE BOTH SIDES OF THIS APPLICATION

DATE: _____ PROPERTY ID: _____

(2 copies of application, plans and paperwork to be filed with Bldg. Depart. Should application need to go before Architectural Review Committee, 6 additional copies of all forms and paperwork as approved by Building Department should be submitted.)

PROPERTY INFORMATION:

SECTION: 32 BLOCK: _____ LOTS: _____

OWNER'S LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS/CELL PHONE: _____

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: _____ LIC#: _____

BUSINESS NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

PLUMBER:

Separate Plumbing Application must be filed and a separate plumbing permit issued. All plumbers must be licensed in Town of Hempstead.

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

OFFICE USE ONLY

Violation File Checked: _____ Documentation Required Received: _____

Application Rec'd. By: _____ Fee Paid: _____

Date Building Dept. Approved: _____ Permit #: _____

Needs Architectural Review Committee Approval: _____ Date ARC Approved (if needed): _____

Date Issued: _____ Issued By: _____

**INC. VILLAGE OF BELLEROSE
BUILDING DEPARTMENT
OWNER'S AUTHORIZATION**

I (we) 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. Building permit should be placed in front window facing street.
- 4) 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.
- 5) 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 shown on

the attached survey Section 32 Block _____ Lot(s) _____ situated, lying and being within the Village of Bellerose; that I/we have read and understand items 1 through 4 as here in 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 or 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 \$ _____ = _____



RESIDENTIAL 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/OWNER	
ESTIMATED COST OF CONSTRUCTION:				<input type="checkbox"/> OWNER OR	ADDRESS
				<input type="checkbox"/> LESSEE	CITY, STATE, ZIP
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION		PHONE	
PERMIT EXP DATE		<input type="checkbox"/> STEEL		EMAIL	
LOT SIZE S.F.		<input type="checkbox"/> MASONRY		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
# BLDGS ON LOT		<input type="checkbox"/> FRAME			
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 _____				<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	
				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"/>	
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					

SCHOOL DISTRICT SECTION BLOCK LOT(S) CA # OR BLDG # UNIT # DATE



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
32					

Location	N E S W. SIDE OF (OR CORNER OF)	N E S W. SIDE OF
Building		

ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
TOWN/VILLAGE Bellerose Village, NY	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON

STIMATED COST OF CONSTRUCTION:	ADDRESS
	CITY, STATE, ZIP

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
DATE TO COMPLETE		
NET SIZE SF	<input type="checkbox"/> STEEL	If you wish to group or apportion lots, please call 516-571-1500 for more information.
BLDG(S) ON LOT	<input type="checkbox"/> MASONRY	
	<input type="checkbox"/> OTHER	

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

CHECK ALL THAT APPLY	USE BY SIZE AND FLOOR			
	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
<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"/> OTHER (Describe) _____				
<input type="checkbox"/> FAÇADE				
<input type="checkbox"/> BASEMENT RENOVATION/ALTERATION				
<input type="checkbox"/> HVAC				
<input type="checkbox"/> ROOF				
<input type="checkbox"/> PLUMBING				
<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				
SIZE				
QUANTITY				

COMMENTS

Approved By _____
 Date of Granting of Permit _____
 SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING
 Signature of Applicant/Contact Person _____
 Please Print Name _____ Tele # _____

FIELD REPORT ON REVERSE

Township
School District
Section
Block
Lot(s)
Date

Please complete header information and leave the rest of the form blank.

Address:

Section 32 Block:

Lots:

INCORPORATED VILLAGE OF BELLEROSE

APPLICATION FOR PERMIT

(Continued)

THIS FORM IS FOR USE BY
BUILDING DEPARTMENT
AND
ARCHITECTURAL REVIEW COMMITTEE

Submitted to Building Department on _____, 20____

Action taken: Approved _____ Denied _____

To A.R.C _____ Reason _____

Permit _____

Issued _____

Dated: _____, 20____

Required: () NY Fire Underwriters Certificate
 () Certificate of Occupancy
 () Certificate of Completion

Submitted to Architectural Review Committee _____, 20____

Action taken: Approved _____ Denied _____

Reason _____

In consideration of the granting of the permit requested, the applicant agrees to comply with all the rules and regulations of the Building Code of the Village of Bellerose, the New York State Building Construction and Energy Conservation Code, and with every other provision of the laws of the Village of Bellerose and with every other provision of law relating to the approved work in effect at this date

Signed: _____

Dated: _____, 20____

NOTE: THE LENGTH OF VALIDITY OF THIS PERMIT IS SIX (6) MONTHS FROM THE DATE OF ISSUE.

Village of Bellerose
Building Department
50 Superior Road
Bellerose, NY 11001
516-354-1000 Fax: 516-354-1033

License and Insurance Requirements for Permits

Each Contractors

- 1) Nassau County License
- 2) Liability Naming the Village of Bellerose as the Additionally Insured
- 3) Workers Comp.
- 4) DB-120 (Disability)

Please feel free to contact the Building Department @ 516-315-4769 for any further assistance.

Sincerely,

Richard Belziti
Building Department

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