

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: _____



**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 <input type="checkbox"/> LESSEE		ADDRESS
WORK MUST BEGIN BY			PRINCIPLE TYPE OF CONSTRUCTION		CITY, STATE, ZIP
PERMIT EXP DATE			<input type="checkbox"/> STEEL		PHONE
LOT SIZE S.F.			<input type="checkbox"/> MASONRY		EMAIL
# BLDGS ON LOT			<input type="checkbox"/> FRAME		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					
<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	
DOES RESIDENCE HAVE THE FOLLOWING					
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 _____					
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING				Signature of Applicant/Contact Person - Sign & Print	
				Address of Applicant/Contact Person	
FIELD REPORT ON REVERSE					

1
SCHOOL DISTRICT
SECTION
BLOCK
LOTS)
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)

Township

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

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

Address of Property: _____

City, Town, Village: _____ ZIP: _____

STIMATED COST OF CONSTRUCTION: _____

DATE TO BEGIN: _____ DATE TO COMPLETE: _____

PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY OTHER

Check one
 OWNER OR LESSEE

NAME OF BUSINESS: _____
CONTACT PERSON: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
EMAIL: _____

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

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

School District

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

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

List additional use in comments section

Residential Use

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

Describe _____

Section

Block

Lot(s)

COMMENTS

Date

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 # _____

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

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.

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 \$ _____ = _____