

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

**John F. Felbinger**  
Superintendent of Buildings

**Juan A. Garcia, P.E., C.F.M.**  
Village Engineer

## **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.

Submission of an application and fees does not constitute a Building Permit. Applications and drawings must be reviewed first for compliance with all applicable codes.

Requirements:

- A complete Building Permit application with all appropriate information, including applicant's notarized signature.
- Complete a Nassau County Board of Assessors form.
- Two sets of construction drawings --1/4" scale.
- Two copies of a current, legible property survey.
- There is a permit and/or C of C fee based on the cost of construction.
- Complete East Rockaway Contractor Registration Form for the General Contractor, Plumbing Contractor, Electrical Contractor and Mechanical Contractor.
- Truss type construction form, if applicable

NOTE: There is a separate fee required for revisions to drawings already approved.

### Insurance requirements for contractors:

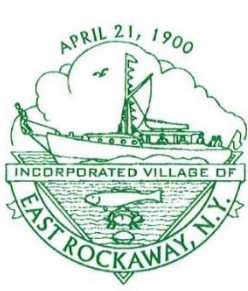
A current license along with a certificate of insurance showing coverage for liability, workers' compensation and disability must be supplied (listing the Inc. Village of East Rockaway, 376 Atlantic Avenue, East Rockaway, NY 11518 as the Certificate Holder) or a workers' compensation waiver which is 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 original Electrical Inspection Certificate is required to close out building permits. Prior to commencing any electrical work in order to schedule the appropriate inspections contact an approved Electrical Inspection Agency. 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.



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## 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.

Office Use Only:

Permit Fee \$: _____	C of O/C of C Fee \$: _____	Total \$: _____
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OWNER		TEL #	
OFFICIAL ADDRESS PERMIT APL. FOR		ZONE	
CURRENT USE (ie. 1 family, 2 family etc..)		PROPOSED USE (ie. Converting to 1 family etc..)	
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](http://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).

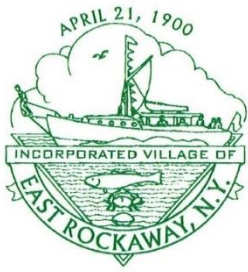
\_\_\_\_\_  
Owner's Signature

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Address Tel #



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## OWNER'S ACKNOWLEDGEMENT AFFIDAVIT

STATE OF NEW YORK  
COUNTY OF NASSAU  
VILLAGE OF EAST ROCKAWAY

Date: \_\_\_\_\_

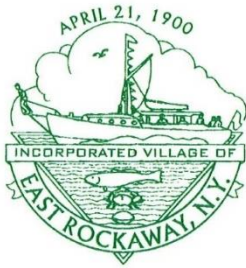
\_\_\_\_\_ being duly sworn deposes and says that I am the owner of \_\_\_\_\_, and that I have authorized the work to be performed under the attached building permit application dated \_\_\_\_\_. I have familiarized myself with the conditions set forth for the issuance of a building permit as well as 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/Engincer 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 Owner Signature Only)

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



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Village Engineer

**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: \_\_\_\_\_

Day Time Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

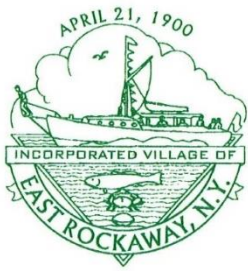
E-mail Address: \_\_\_\_\_

Plumber: \_\_\_\_\_

Address : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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**CONTACT INFORMATION**

Electrician: \_\_\_\_\_

Address: \_\_\_\_\_

Day Time Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

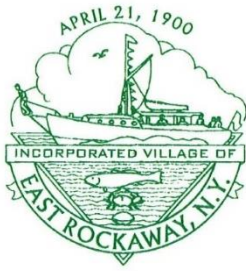
E-mail Address: \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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Building Permit  
240 Old County Road  
Mineola, NY 11501

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Superintendent of Buildings  
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Village Engineer

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Town, City, Village: \_\_\_\_\_ School Dist. No. \_\_\_\_\_  
Permit, Number, Town, City, Village and Date Zoned As: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Location of Building: N.E.S.W. Side of \_\_\_\_\_ FEET N.E.S.W. of \_\_\_\_\_  
Or corner of \_\_\_\_\_ and \_\_\_\_\_

Number and Address of Property: \_\_\_\_\_  
Post Office: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner or Lessee:  Owner  Lessee  
Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Post Office and Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Type of Improvement:  Residential  Industrial  Commercial  Other  New Building  Replacement  
 Addition  Alteration  Swimming Pool  Plumbing  Demolition  Central Air  Relocation

Selected Characteristics of Building:

*Principle Type of Construction:*  Wood Frame  Masonry  Steel  Other  Slab  BSMT

*Residential Only:* Number of Bathrooms: \_\_\_\_\_  BSMT. finish  Attic Finish

*Commercial/Industrial Only:*

New Construction or Addition Must Include Floor Plan  Sprinkler System  
 Elevator

Plumbing Fixtures:

- Number of lavatories: \_\_\_\_\_ Kitchen Sinks: \_\_\_\_\_
  - Water Closet: \_\_\_\_\_ Laundry Tub: \_\_\_\_\_
  - Bath Tub: \_\_\_\_\_ Urinal: \_\_\_\_\_
  - Stall Shower: \_\_\_\_\_ Bidet: \_\_\_\_\_
- Total: \_\_\_\_\_

*Estimated Cost of Improvement:*  Gas  Oil  Electricity  Other  Coal  Central AC

DESCRIPTION OF IMPROVEMENT AND ESTIMATE COST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIELD REPORT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

Note: Separate application shall be made for each building

\_\_\_\_\_  
Address of Applicant Telephone #

