



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 \$: _____ |
|----------------------|-----------------------------|-----------------|

| | | |
|--|---|----------------|
| 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.

_____, 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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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: _____



**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 | Check one | NAME OF BUSINESS |
|---------------------|-----------|------------------|

| | | | |
|---------------------|-----|--|----------------------|
| CITY, TOWN, VILLAGE | ZIP | <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE | CONTACT PERSON/OWNER |
|---------------------|-----|--|----------------------|

| | | |
|---------------------------------|--|------------------|
| ESTIMATED COST OF CONSTRUCTION: | <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE | ADDRESS |
| | | CITY, STATE, ZIP |
| | | |

| | | |
|--------------------|--------------------------------|-------|
| WORK MUST BEGIN BY | PRINCIPLE TYPE OF CONSTRUCTION | PHONE |
| PERMIT EXP DATE | | EMAIL |

| | | |
|----------------|--|--|
| LOT SIZE S.F. | <input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME | <p align="center">IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</p> |
| # BLDGS ON LOT | | |

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 <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

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