Stoop $75

INC. VILLAGE OF SOUTH FLORAL PARK

Sidewalk Fee $75.00

SIDEWALK / DRIVEWAY / APRON / STOOP PERMIT
GENERAL INFORMATION

- All Permits issued are valid for one (1) year from date of issue.
- Permits are issued as soon as possible after submission of all required documents. DEPENDING ON SCHEDULING, IT MAY TAKE TWO OR MORE WEEKS FOR APPROVAL. You will be notified when your application is approved or denied. If approved, you may pick up your permit upon payment in full of the permit fee.
- All Village and New York State Building codes must be met.
- No permit will be issued if the applicant, business, or a principle of the corporation submitting the application has any outstanding unpaid violations due the Village.
- Inspections will be required before the pouring of concrete.

REQUIRED DOCUMENTATION: The following information is required to be submitted with the application. Any missing information will delay the application process.

1. Completed Application with all blanks filled in and statement on back signed and notarized. If an item is "not applicable" note as N/A. Leave no blanks.
2. Permit Fee
3. Copy of the property survey (plot plan) showing the location of the work or if not available, a simple drawing/sketch of the property showing the location of the work.
4. Copy of the current Nassau County Consumer Affairs License of any contractor named on the permit application.
5. If work is being performed by a Contractor, the contractor must provide insurance indemnifying the Village including proof of Liability Insurance, Disability and Workman's Compensation Insurance.
6. If work is being performed by the homeowner, a form that is provided by the Village must be completed stating the work is being performed by the homeowner.

Upon receipt of the foregoing information, your requests for these permits will be reviewed.

Upon issuance of the permit it is the responsibility of the permit holder to request inspections. An appointment may be made by contacting the Village Building Department to schedule an inspection appointment. Please allow at least 72 hours notice to schedule an inspection. The phone number is **516-352-8047**. On the REVERSE side of this page is additional information.

388 Roquette Avenue • South Floral Park, NY 11001
Tel: (516) 352-8047 • Fax: (516) 352-0651 • building@southfloralpark.org
www.southfloralpark.org

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. Inc. Village of South Floral Park, 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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INC. VILLAGE OF SOUTH FLORAL PARK

SIDEWALK / DRIVEWAY / APRON / STOOP PERMIT APPLICATION

** See general information sheet for information and requirements. ***
PAGE ONE - - - COMPLETE BOTH SIDES OF THIS APPLICATION

DATE:_____

PROPERTY INFORMATION:

SECTION: 32 BLOCK:_____ LOTS:_____

OWNER'S LAST NAME:_____ FIRST NAME:_____

ADDRESS:_____

HOME PHONE:_____ BUSINESS PHONE:_____

APPLICANT (if different) LAST NAME:_____ FIRST NAME:_____

ADDRESS:_____

HOME PHONE:_____ BUSINESS PHONE:_____

DESCRIPTION OF WORK:_____

_____

CONTRACTOR:

NAME:_____LIC#:_____*

BUSINESS NAME: _____PHONE NUMBER:_____

ADDRESS:_____

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

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OFFICE USE ONLY

Violation File Checked:_____ Documentation Required Received :_____
Application Rec'd. By:_____
Fee Paid:_____
Date Building Dept Approved:_____
Permit #:_____Date Issued:_____
Issued By:_____

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INC. VILLAGE OF SOUTH FLORAL PARK

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 South Floral Park 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 South Floral Park 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 Inspector will be given a minimum of 48 hours notice to make the 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 South Floral Park; 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/her representative to file this application on his/her behalf.

Signature of Owner_____

Sworn to me this_____day of_____20_____

Signature/stamp of Notary Public_____

BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

TOWN - CITY - VILLAGE OF: _____

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

CITY, TOWN, VILLAGE _____ ZIP

ESTIMATED COST OF CONSTRUCTION:

Check one
- ☐ OWNER OR ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

WORK MUST BEGIN BY

PERMIT EXP DATE

LOT SIZE S.F.

BLDGS ON LOT

PRINCIPLE TYPE OF CONSTRUCTION
- ☐ STEEL
- ☐ MASONRY
- ☐ 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

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ MAINTAIN (PRE-EXISTING)
- ☐ RECONSTRUCTION
- ☐ DECK, TERRACE, PORCH, CARPORT
- ☐ DORMERS
- ☐ OTHER _____
- ☐ FIRE DAMAGE
- ☐ GARAGE/ OUT BUILDING
- ☐ HVAC
- ☐ PLUMBING
- ☐ RELOCATION
- ☐ REPLACEMENT
- ☐ SWIMMING POOL
- ☐ TENNIS COURT
- ☐ CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES ☐ NO ☐

FINISHED ATTIC YES ☐ NO ☐

BASEMENT FINISH

1/4 ☐ 1/2 ☐ 3/4 ☐ FULL ☐

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 _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person - Sign & Print

Address of Applicant/Contact Person Telephone

FIELD REPORT ON REVERSE

Rev 03/13

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

HOMEOWNER CERTIFICATION

FOR WORK BEING PERFORMED BY THE HOMEOWNER WITHOUT A CONTRACTOR

It is at the discretion of the building Inspector to issue building/plumbing permits to a homeowner for work being performed by the homeowner without a licensed contractor

NAME(S):_____

STREET:_____ CITY: SOUTH FLORAL PARK STATE: NY ZIP: 11001

I/WE_____, as owner(s) of the property

known as _____ **located in the Village of South Floral Park**

do hereby depose that I/we are performing demolition/construction work on said property and that I/we will not be employing the services of any contractors or subcontractors and no remuneration will be given for any work performed. It is my/our understanding that no person(s) other than me will be working on this project and that said work will not require generally mandated forms of insurance. In consideration thereof and as the property owner(s). I/We agree to save, defend, indemnify and hold harmless the Inc. Village of South Floral Park, its employees, agents or representatives against any damages resulting from this demolition/construction.

I certify by my signature that I have read the above statements and understand the content and consequences thereof

_____ Owner #1 Signature

_____ Owner #2 Signature (if applicable)

_____ Owner #1 Print Name

_____ Owner #2 Print Name (if applicable)

Sworn to before me

this_____day of _____ , 20____

_____ Notary Signature

Sworn to before me

this_____day of _____ , 20____

_____ Notary Signature

This form to be accompanied by the front page of your homeowners 'policy showing policy date and signed and notarized form BP-1

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Inc. Village of South Floral Park

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3, 4 Family, Owner occupied residence (including condominium) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriated box):

○ I am performing all the work for which the building permit was issued

○ I am **NOT** hiring, paying or comensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.

○ I have a home-owner insurance policy that is currently in effect and covers the property listd on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

¤ Acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for eork indicated on the building permit,or if appropriate, file a CE-200 Exemption form; OR

¤ have a general contractor, performing the work on the 1,2,3, or 4 family, owner occupies residence (including condominiums) listed on the building permit that i am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the work indicated in the building permit.

_____ 09/27/2024

(Signature of Homeowner) Date Signed

_____ Telephone_____

(Homeowner's Name Printed)

Property Address that requires the building permit: _____

Sworn to before me

this_____day of _____ , 20____

_____

_____ _____

_____

_____

(County Clerk of Notary Public)