



INC. VILLAGE OF SOUTH FLORAL PARK

FENCE AND SHED PERMIT APPLICATION

COMPLETE BOTH ALL PAGES OF THIS APPLICATION

- All fences in the Village of South Floral Park require a permit including the replacement of existing fence. All permit applications must meet the current Village code including replacements (unless a variance to the code was granted).
- If the property is not a corner lot or abutting the business district, the attached "Fence Guidelines" form must be marked with the fence location and height.
- A copy of survey showing location of proposed fence on property must also be attached to this application.
- Fees must be paid at the time of application. If the applicant is requesting a permit to legalize and maintain an existing fence, an additional legalize and maintain fee must be submitted with this application
- Fence permit fee is \$50.00
- Application must be completed in its entirety. Please fill in any blanks with not applicable (n/a).

Date: _____

Property Address: _____ Section 32 Block: _____ Lot(s): _____

Property is: Interior Lot Corner Lot

Type of Application: New Fence Legalize and maintain existing fence

Replace existing fence (All fences must meet the current code requirements).

Fence Material: PVC Chain Link Wood

Description of work: _____

Owner's Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Contractor Name: _____ LIC# _____

Business Name: _____ Business Phone: _____

Address: _____

383 Roquette Avenue • South Floral Park, NY 11001 Tel: (516) 352-8047 •

Fax (516) 352-0651 • building@southfloralpark.org



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 the Certificate of Approval 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 and land shown on the attached survey Section ___ 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 of Notary

Public _____

**INC. VILLAGE OF SOUTH FLORAL PARK
FENCE GUIDELINES - NOT A CORNER LOT**

See Building Dept. for corner lot guidelines

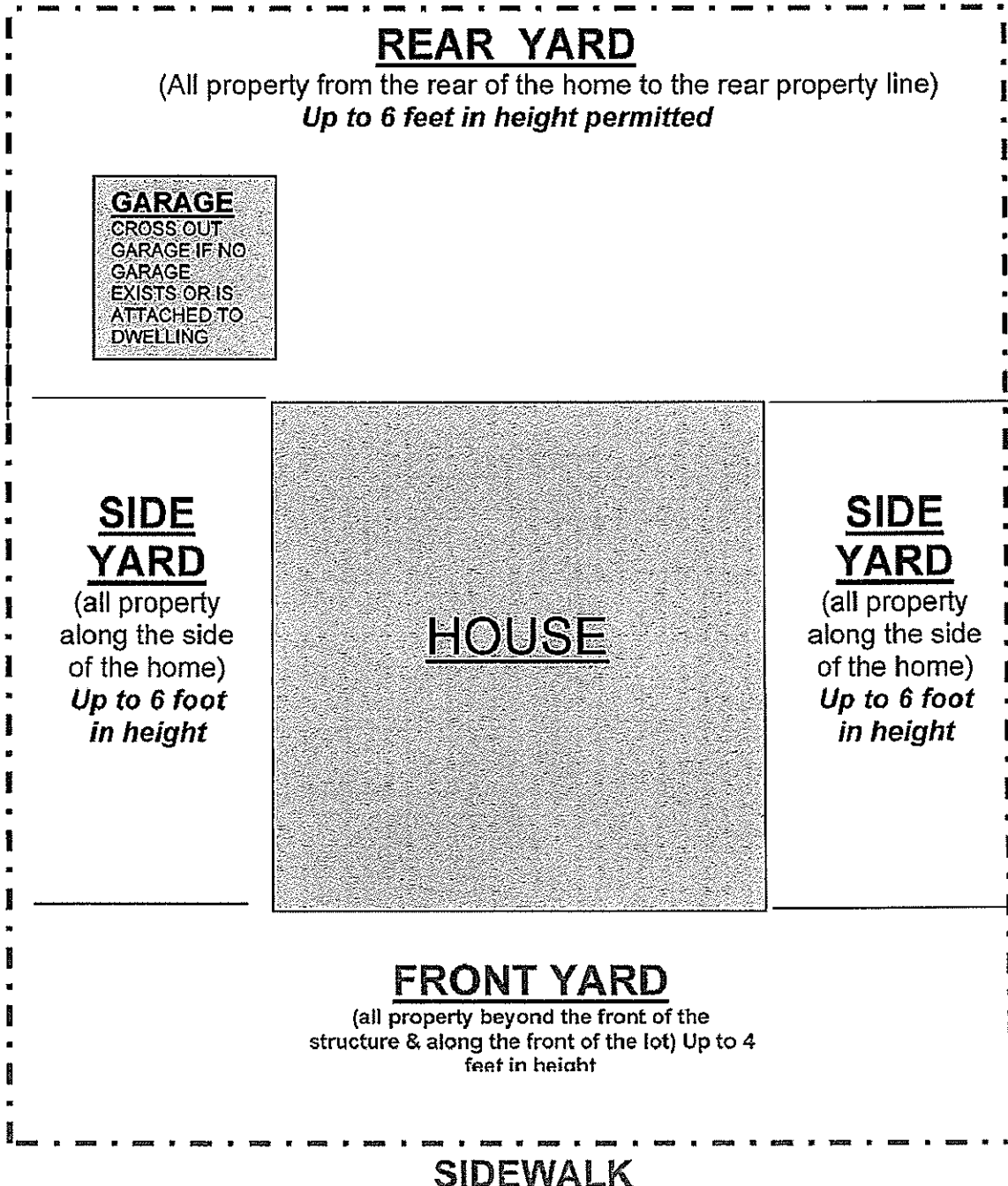
PLEASE SUBMIT THIS LAYOUT WITH YOUR FENCE APPLICATION

MARK ALL HEIGHTS AND LOCATION OF PROPOSED FENCING ON THIS PAGE

PLEASE SUBMIT A SURVEY OF THE PROPERTY, IF AVAILABLE

- *All installations must conform to South Floral Park's Fence Code Chapter 210 Section 25
- *The Village of South Floral Park is not responsible for the location of the fencing on the property lines
- *It is the homeowner's responsibility to insure that the fence is placed on the subject property.
- *Maximum height is measured to the top of the post caps from grade.
- *Fencing must be good side out if not PVC

MAXIMUM ALLOWABLE HEIGHTS





**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: SOUTH FLORAL PARK

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: OWNER OR LESSEE NAME OF BUSINESS _____

CITY, TOWN, VILLAGE: Old Westbury ZIP: 11568 CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____ ADDRESS _____ CITY, STATE, ZIP _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME PHONE _____ EMAIL _____

PERMIT EXP DATE _____ LOT SIZE S.F. _____ # BLDGS ON LOT _____ 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	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 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 _____ 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