



INC. VILLAGE OF SOUTH FLORAL PARK

INSTRUCTIONS

1. This application to be made out in duplicate in ink and submitted together with 2 sets of plans and specifications, each set to include architectural seal, a plot plan drawn to scale, on which must be indicated the Block and Lot Numbers. If any, or the detailed description and location of the property, also all existing and proposed buildings, and the distance of same from the lot and street lines.
Note: Building Permit and complete set of plans and specifications, as approved by the Building Inspector, must be kept on the premises until the full completion of the work authorized by such permit.
2. Plans shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical, and plumbing installations. When work exceeds \$10,000 in costs, or work involves structural alterations, plans must be filed by a Registered Architect or a Professional Engineer.
3. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant for inspection throughout the progress of the work
4. No building shall be occupied or used in whole or in part for any purpose whatsoever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Inspector.

Application is hereby made to the Building Inspector of the Inc. Village of South Floral Park, for the approval of the detailed statement of the specifications and plans herewith submitted for the construction of the buildings, additions, or alterations herein described. All provisions of the Building and Zone Ordinances shall be complied with in the construction of said buildings, additions, or alterations, whether specified herein or not. Zoning side yard: 5 feet on each side. Frontage: 20 feet. Rear Yard: 15 feet. No building can be more than 2 ½ stories high.

REQUIRED ITEMS FOR RESIDENTIAL BUILDING PERMITS

(INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED)

1. Application for building permit with owners' authorization
2. \$100 payment. Cancelled applications will not receive a refund. Completed applications will have the payment credited towards permit fee.
3. Inspection requirements form signed
4. Zoning or Board of Trustees resolution (if applicable)
5. Proposed site plan on plans, to include:
 - a. Zoning data
 - b. All setbacks to the property lines
 - c. Driveways & curb cuts
 - d. Accessory structures
6. Three copies of signed & sealed construction drawings
 - a. Climatic & geographic design criteria
 - b. Site plan & zoning information must be on page one
 - c. Title block must indicate the owners' name, property address, & section/block/lot
 - d. Energy code compliance documentation with written statement
- e. All necessary plans, elevations, sections, details, & structural calculations
7. Existing current property survey
8. Architect's name, address, phone & fax numbers
9. Contractor (license required)
10. Plumbing permit & electrical permit (if applicable)
11. Completed Nassau County assessment form
12. Permit fees:

§ 90-3. Building permit. [Amended 1-8-2009 by L.L. No. 1-2009]

For a permit for a new building or structure or for the alteration of an existing building or structure, when the estimated cost does not exceed \$1,000 the fee shall be \$100; when the estimated cost exceeds \$1,000, the fee shall be \$100 plus \$10 for each additional \$1,000 or fraction thereof of estimated cost. The fee required for each extension requested shall be 25% of the total fees charged for the issuance of such permit, but shall not be less than \$50, nor exceed \$200.

A. The fee required upon filing the application for extension of a permit shall be payable at such time.

B. Any fee paid for an extension shall be nonrefundable and shall not be applicable to nor deductible from any other fees associated with such permit.

§ 90-4. Building permit for new single-family dwellings. [Amended 1-8-2009 by L.L. No. 1-2009]

For a permit for a new single-family dwelling, the fee shall be \$500 or the fee computed using §90-3 hereof, whichever is greater. These fees shall not be refundable.



INC. VILLAGE OF SOUTH FLORAL PARK

383 ROQUETTE AVENUE
SOUTH FLORAL PARK, NEW YORK 11001

www.southfloralpark.org

Telephone: (516) 352-8047 • Fax: (516) 352-0651 • Email: building@southfloralpark.org

BUILDING PERMIT APPLICATION

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/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 within Nassau County.

**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./Board Approved: _____ Permit #: _____

Date Issued: _____ Issued By: _____



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 _____

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 \$ _____ = _____



Inc. Village of South Floral Park

Contractor Insurance Requirements 2024

- A copy of your Nassau County consumer affairs license (if a General Contractor)**
 - A copy of your plumber's license if plumbing is involved.**
 - A copy of your electrician's license if electrical work is involved.**
 - Workers compensation insurance**
 - Disability insurance**
- Liability insurance (the Acord form) to include the Village of South Floral Park AND additional insured AND to include the below information:**

LIABILITY INSURANCE WORDING

Liability insurance to say the following in the description of operations box.....

Incorporated Village of South Floral Park, all elected and appointed officials, employees and volunteers are included as additional insureds on a primary and non-contributory basis for general liability, auto liability and umbrella liability coverage as required by written contract. A waiver of subrogation applies in favor of the additional insureds for general liability as required by written contract.

OR

If the homeowner is doing the work themselves, please provide a copy of the declaration page of their homeowner's insurance policy.



INC. VILLAGE OF SOUTH FLORAL PARK

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 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



**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
32			16		

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: South Floral Park ZIP: 11001 CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____ OWNER OR LESSEE ADDRESS _____

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

PERMIT EXP DATE _____ MASONRY EMAIL _____

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"/> FIRE DAMAGE	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION		
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT		
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL		
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT		
<input type="checkbox"/> OTHER _____	<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

FIELD REPORT ON REVERSE Address of Applicant/Contact Person _____ Telephone _____

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOTS
CA # OR BLDG #
UNIT #
DATE