



ROOFING/RE-ROOFING PERMIT

APPLICATION

Permit Fee \$75

VILLAGE OF SOUTH FLORAL PARK
383 Roquette Avenue, South Floral Park, NY 11001
(516) 352-8047 FAX: (516) 352-0651

APPLICATION DATE: _____ PERMIT #: _____

JOB LOCATION: _____

SECTION: _____ BLOCK: _____ LOT: _____

PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE #: _____

CONTRACTOR (COMPANY NAME): _____

ADDRESS: _____

NASSAU COUNTY LICENSE #: _____ CONTRACTOR TELEPHONE: _____

[CHECK ALL THAT APPLY]; STRIPPING ROOF: _____ 2ND LAYER : _____ HOUSE & GARAGE : _____ HOUSE ONLY: _____ GARAGE ONLY : _____

TYPE OF ROOFING MATERIAL: ASPHALT: _____ CLAY: _____ HAS JOB BEEN STARTED: YES : _____ NO: _____

WHERE WILL DEBRIS BE DISPOSED: TRUCK: _____ CONTAINER : _____ (PERMIT REQUIRED)

CONTRACTOR'S CERTIFICATES OF LIABILITY INSURANCE NAMING THE VILLAGE OF SOUTH FLORAL PARK AS AN ADDITIONAL INSURED, WORKER'S COMPENSATION INSURANCE AND DISABILITY INSURANCE (DB-120.1) MUST BE SUBMITTED WITH THIS APPLICATION.

NOTICE: YOU MUST NOTIFY THIS DEPARTMENT THE LAST DAY YOU ARE ON THE JOB.

HOMEOWNER PRINT NAME: _____

State of New York, County of Nassau

Sworn to me this _____ day of _____, 20____

SIGNATURE OF HOMEOWNER: _____

ADDRESS OF HOMEOWNER: _____

Signature of Notary Public: _____

PLEASE NOTE: Roofing without a Building Permit is a Village Code Violation and incurs a \$150 LATE FILING FEE.

Contractor must submit SELF CERTIFICATION form to the Village of South Floral Park (attached).

**ROOFING/RE-ROOFING
SELF-CERTIFICATION FORM
VILLAGE OF SOUTH FLORAL PARK, BUILDING DEPARTMENT**

1. The Municipal Code of the Incorporated Village of South Floral Park requires that all roofing and re-roofing projects, both commercial and residential, be done in accordance with the specifications outlined in the NYS Building Code.

2. Therefore, no roofing or re-roofing project is to occur in the Village of South Floral Park until the homeowner and/or the contractor has obtained the necessary permits. No material may be placed until the existing roof conditions are made known to the Building Department. The homeowner and/or contractor must file this form with the Building Department, along with a permit fee of \$75, certifying that the construction will be performed and completed in accordance with the specifications noted above. The form shall be completed and signed by the homeowner and contractor. In the event that the work was started or completed prior to the issuance of a permit, there shall be an additional late filing fee of \$150 to accompany this application.

Roofing/Re-roofing Certification Form

Owner Name: _____

Owner Address: _____

Contractor Name: _____

Contractor Address: _____

Date Work Proposed: _____

I, _____, (contractor) hereby certify that construction at the above address will be done in accordance with the specifications noted in paragraph # 1 above.

OWNER'S NAME (Print)

OWNER'S SIGNATURE

DATE

STATE OF NEW YORK)

SS:

COUNTY OF NASSAU)

On the _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to on the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of whom the individual acted and executed the instrument.

Signature of Notary Public



**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: South Floral Park ZIP: 11001 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

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING
<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

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 _____ 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



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.