

# BUILDING PERMIT APPLICATION

INC. VILLAGE OF ROCKVILLE CENTRE - DEPARTMENT OF BUILDINGS

PO Box 950, Rockville Centre, NY 11571 ~ www.rvcny.us

ALL INFORMATION MUST BE TYPED OR PRINTED

*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.*

ZONE

Number and Street	Section	Block	Lot(s)
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<b>TYPE OF IMPROVEMENT</b> <i>(check all that apply)</i> <input type="checkbox"/> New building or structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration: Level 1 - 2 - 3 <input type="checkbox"/> Use <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation only <input type="checkbox"/> Repair _____ <input type="checkbox"/> Other _____	<b>PROPOSED USE - For "Demolition" most recent use</b> <b>Residential</b> Existing Proposed <input type="checkbox"/> <input type="checkbox"/> One family <input type="checkbox"/> <input type="checkbox"/> Two or more family - Enter # of units _____ <input type="checkbox"/> <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ <input type="checkbox"/> <input type="checkbox"/> Other - Specify _____	<b>Nonresidential</b> <input type="checkbox"/> Existing (Specify) _____  <input type="checkbox"/> Proposed (Specify) _____
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<b>WORK PROPOSED - Describe in detail:</b> _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DIMENSIONS OF LOT</th> <th style="text-align: center;">X</th> </tr> <tr> <td>Total land area, square feet.....</td> <td></td> </tr> <tr> <td>Total square feet of floor area, all floors, based on exterior dimensions (ex. base or cellar).....</td> <td></td> </tr> <tr> <td>Number of stories.....</td> <td></td> </tr> <tr> <td>Lot Frontage.....</td> <td></td> </tr> <tr> <td>Lot Depth.....</td> <td></td> </tr> <tr> <td>All Setbacks</td> <td></td> </tr> <tr> <td>Percent of lot occupied.....</td> <td style="text-align: center;">%</td> </tr> <tr> <td style="text-align: center;">or</td> <td></td> </tr> <tr> <td>Floor Area Ratio (F.A.R.).....</td> <td></td> </tr> <tr> <td>Estimated Cost.....</td> <td></td> </tr> </table>	DIMENSIONS OF LOT	X	Total land area, square feet.....		Total square feet of floor area, all floors, based on exterior dimensions (ex. base or cellar).....		Number of stories.....		Lot Frontage.....		Lot Depth.....		All Setbacks		Percent of lot occupied.....	%	or		Floor Area Ratio (F.A.R.).....		Estimated Cost.....	
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Pursuant to Worker's Compensation Law, an <b>original Certificate of Insurance</b> on form C-105.21, C-105.2, U-26.3, SI-12, or GSI-105.2 must be filled with this department prior to the issuance of any building permit. PLEASE NOTE: Contractor is required to obtain certificates or other proof of Worker's Compensation Insurance from all subcontractors or any other person that is not an employee of contractor and performs or provides work, labor or services on the site. Contractors must provide a copy of all such certificates to the Village. Failure to do so may result in denial and/or revocation of building permit(s)	<b>CONSTRUCTION CLASSIFICATION</b> <i>(check all that apply)</i> Existing Proposed <input type="checkbox"/> <input type="checkbox"/> Type 1 - Fire resistive <input type="checkbox"/> <input type="checkbox"/> Type 2A ) Non- <input type="checkbox"/> <input type="checkbox"/> Type 2B ) combustible <input type="checkbox"/> <input type="checkbox"/> Type 3A ) Ordinary const. masonry walls <input type="checkbox"/> <input type="checkbox"/> Type 3B ) wood floor & roof <input type="checkbox"/> <input type="checkbox"/> Type 4 - Heavy timber <input type="checkbox"/> <input type="checkbox"/> Type 5 - Wood frame	
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NUMBER OF OFF-STREET PARKING SPACES	ENCLOSED.....	UNENCLOSED.....
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Name	Mailing address - Number, Street, City, State and Zip	Tel. No.
Arch. or Eng.		
Owner		
Tenant/Lessee		
Contractor	Nas Cnty Lic. #	
Electrician	RVC Lic. #	
Plumber	RVC Lic. #	

The owner of this property and the undersigned agree to conform to all applicable laws of the Village of Rockville Centre.

<p style="text-align: center;"><b>AFFIDAVIT OF APPLICANT</b></p> STATE OF NEW YORK } COUNTY OF NASSAU } ss  (PRINT NAME) being duly sworn, deposes and says: That he resides at _____ in the State of _____ and that he is authorized by the Owner _____ to make application for a permit to perform said work in the foregoing application and accompanying plans, and all the statements contained therein are true to deponent's own knowledge.  Address..... Phone..... (Sign here)..... <p style="text-align: center;">(Applicant)</p>	<p style="text-align: center;"><b>AFFIDAVIT OF PROPERTY OWNER</b></p> STATE OF NEW YORK } COUNTY OF NASSAU } ss  (PRINT NAME) being duly sworn, deposes and says: That he resides at _____ in the Village of Rockville Centre, in the State of _____, that he is the owner in fee of all that certain lot, piece or parcel of land described above, situate, lying and being within the Village of Rockville Centre and that the work proposed to be done upon the said premises will be done in accordance with the approved application and accompanying plans, (and he hereby authorizes) (NAME OF APPLICANT) to make application for a permit to perform said work in the foregoing application and accompanying plans, and all the statements herein contained are true to deponent's own knowledge.  (Sign here)..... <p style="text-align: center;">(OWNER)</p>
Sworn to before me this _____ day of _____, 20 _____ Notary Public Signature _____  Stamp:	Sworn to before me this _____ day of _____, 20 _____ Notary Public Signature _____  Stamp:

**DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY**

Adjusted Cost	Permit Fee - 1st	Permit Fee - 2nd	Total	Site Plan Fee
	\$	\$	\$	
Approved by _____ Title _____				
Permit Title _____				
House No. Assigned _____			Flood Hazard _____	Zone _____ By: _____ Base Flood Elevation _____

**Separate Application Required For:**

- Plumbing
- Fire Sprinkler
- HVAC
- Other \_\_\_\_\_

- Elevation Certificate:** Yes  No
- Final Survey Required:** Yes  No  DNW
- New C.O. Required:** Yes  No