

***INCORPORATED VILLAGE OF ROCKVILLE CENTRE
BUILDING DEPARTMENT***

REQUISITES FOR DEMOLITION PERMIT:

- Completed Demolition Permit application – from Building Department.
- Check for \$ _____ made payable to the Inc. Village of RVC.* **Note:** All application fees in excess of \$2000 must be paid for by certified check.
- Proper liability insurance certificate naming the Village of RVC as an additional insured (a separate endorsement page) in the amount of \$1,000,000 and as a certificate holder.
- Worker’s Compensation insurance form C105.2. (**Accord Forms Not Acceptable**)
- Electric service disconnect letter from Village of RVC Electric Department (if applicable).
- Gas service disconnect letter from Keyspan (if applicable).
- Letter of asbestos abatement or non-asbestos from licensed handler (if applicable).
- Nassau County Department of Health letter stating property is free from rats and vermin (if applicable).
- Plumbing Permit – disconnect water and plug sewer line (if applicable).

Note: the following are the guidelines governing demolitions:

- No burning of debris shall be allowed on the site or within the limits of the Village of RVC.
- No organic matter shall be buried on the site.
- All material must be legally disposed of at an approved dump site.
- Streets and sidewalks shall be broom-cleaned upon completion of day’s work.
- Excavation shall be backfilled with clean fill. **Submit completed “Void Affidavit”**. Any damaged sidewalk, curb, or street paving shall be temporarily patched the same day including proper arrangements for the permanent repair shall be made within **ten days** of project completion.
- 6.0’ chain link fencing with proper locking device(s) is required to secure the site.
- Provide a “work plan: detail of the project scope.
- Contact the Building Inspector and the DPW representative **prior to the backfilling of any and all utilities in question.**

* See fee schedule for permit fee.

Last updated 01/2016

*Building Department Office Hours 8:00 a.m.-4:30 p.m. (Mon.-Fri.)
Tel. No. 516 678-9247*

VILLAGE OF ROCKVILLE CENTRE
DEPARTMENT OF BUILDINGS
DEMOLITION PERMIT

PERMIT NO.

Issued pursuant to the Provisions of the Building Code of the
Village of Rockville Centre, Nassau County, N.Y.

THIS PERMIT IS NOT
VALID UNTIL APPROVED
ON REVERSE SIDE

SPECIAL NOTICE

Permission will not be granted by the Building Department to demolish any building until certificates showing the disconnection of the water supply and the sewer have been filed with this Department. These certificates should show that the water tap has been drawn and water main plugged; that the sewer line has been disconnected and plugged; and that the electric meter and house connection have been removed.

NAME OF APPLICANT: _____ PHONE #: _____.

APPLICANT'S ADDRESS: _____, NEW YORK.
(Number & Street) (Town)

Notice is hereby given that I intend to DEMOLISH the entire building or buildings herein described and located, and the undersigned hereby agrees to comply with all rules and regulations of the Building Department for the Village of Rockville Centre, the provisions of the Building Code of the Village of Rockville Centre, which are printed on the other side of this notice, and with every other provision of law relating to this subject.

Demo Location (Address): 	Sec: _____ Bl: _____ Lots: _____
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Description of Work: *No. of buildings to be demolished:* _____ **WORK START DATE:** _____

- | | |
|---|--|
| <input type="checkbox"/> Commercial Building – Sq. Ft. _____ Stories _____ | <input type="checkbox"/> Garage – Sq. Ft. _____ |
| <input type="checkbox"/> Residential Building – Sq. Ft. _____ Stories _____ | <input type="checkbox"/> Shed – Sq Ft. _____ |
| <input type="checkbox"/> Partial Demo <input type="checkbox"/> Other: _____ | |

Name, Address & Phone # of Owner:

Name, Address & Phone # of Licensed Plumber:
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Name, Address & Phone # of Demolition Contractor:

Name, Address & Phone # of Licensed Electrician:
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This permit is not valid unless the applicant complies with Section 1918 of the New York State Penal Law, governing proper notification to the local gas company. This permit is issued subject to the provision of Section 57 of the Workmen's Compensation Law. The Contractor is insured in accordance with the Workmen's Compensation Act of the State of New York, under the following policy: A certificate of compensation insurance must be filed in the office of the Department of Buildings at the time of filing. A certificate of liability insurance must be filed in the office of the Department of Buildings.

Insurance Carrier: _____ Agent: _____

Policy Number: _____ Expiration Date: _____

—Continued on reverse side—

Section C 110 of the State Building code provides that "a - Safe and sanitary condition shall be provided where demolition and wrecking operations are being carried on. Work shall be done in such a manner that hazard from fire, possibility of injury, danger to health, and conditions which may constitute a public nuisance will be minimized, in conformity with generally accepted standards.

b - access to utilities and public facilities, including among others, fire hydrants, fire alarm boxes, police call boxes, street lights, and manholes, shall be kept unobstructed and during demolition.

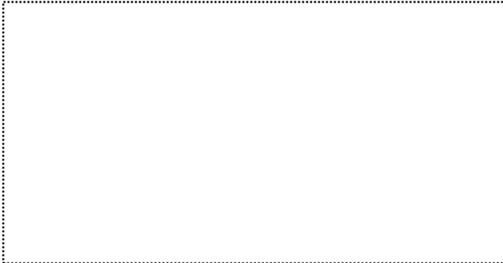
c - gas, electric, sewer, heat, power, water and other service connections shall be disconnected, removed, or sealed, in conformity with the applicable regulations of the public utility or municipal agency having jurisdiction."

_____, being duly sworn, deposes and says that he resides at
(OWNER'S NAME - PRINT CLEARLY)

(OWNER'S FULL ADDRESS)

in the County of _____, State of _____; that he is the **owner** of the property heretofore described and set forth in this application; that the work is to be done on the premises in accordance with the statement in writing, and the plans of such proposed work duly authorized by:

(Owner's Signature)



Sworn to before me this ____ day of _____, 20____.

Notary Public, Nassau County, N.Y.

THIS PERMIT IS NOT VALID UNTIL APPROVED BY BOTH AUTHORIZED SIGNATURES

**Village of Rockville Centre
DEPARTMENT OF BUILDINGS
DEMOLITION PERMIT**

PERMIT NO.

PERMISSION AS REQUIRED BY THE BUILDING CODE OF THE VILLAGE OF ROCKVILLE CENTRE TO PERFORM THE WORK AS DESCRIBED IN THE WITHIN STATEMENT AND THE ATTACHED PLANS AND SPECIFICATIONS, WHICH ARE PART HEREOF IS HEREBY GRANTED.

EXAMINED BY: _____ **DATE APPROVED:** _____
(BUILDING INSPECTOR - AUTHORIZED SIGNATURE)

APPROVED BY: _____ **DATE APPROVED:** _____
(SUPERINTENDENT OF BUILDINGS - AUTHORIZED SIGNATURE)

NOTICE OF STREET NUMBER:
STREET NUMBER FOR THE BUILDING COVERED BY THE PERMIT ISSUED HERewith IS NO. _____.



NASSAU COUNTY DEPARTMENT OF HEALTH
Office of Community Sanitation
200 County Seat Drive
Mineola, New York 11501
516-227-9715

RODENT FREE CERTIFICATION BEFORE DEMOLITION
APPLICATION INSTRUCTIONS

1. Obtain the Nassau County Department of Health *Rodent Free Certification Application* using one of the following methods:
 - Call the office and request the application be mailed or faxed.
 - Pick up the application at the office.
 - Download the application from the Nassau County Department of Health website.

2. Front of application:
 - Print location of the Demolition, include Street address, Village, Cross Street, Section, Block and Lot Information.
 - Indicate Demolition Type: Check the box for Complete or Partial
 - Indicate Property Usage: Check the box for Residential, Industrial, Commercial or Mixed Use
 - Provide Disconnect Information: Check Yes or No box for Water, Electric, Gas, Sewer Utilities and Fuel oil Tank Disconnect.
 - Provide Fuel Oil Tank Information for this Property:
Check Yes or No box to indicate Underground tank(s), Aboveground Tank(s) on site.
Provide Tank Information: # of Tanks on site, Tank size(s).
Check Yes or No box if tank was removed and provide the Tank Removal Date.
 - Provide Information on Ground Disturbance on Site Prior to the Rodent Free Inspection:
Check Yes or No box to indicate work done on site prior to this application.
List the work done to date on site.
 - Provide Access and Safety Information:
Check Yes or No box to indicate if there are Construction gates on site or any other barriers that prevent entry to the site.
Provide the combination lock access code or indicate location of the key for the lock.
Check Yes or No box to indicate if the property, building safe to walk around.
List any physical hazards on site.

3. Page 2 of the application:
 - Provide a hand drawn sketch of the property. Indicate the buildings to be demolished in relationship to that street.
 - Provide the Contact Information for the Property Owner, Demolition Company and the person requesting the Rodent free Certification and the title of the person making the request.
 - Check the box for Office pick-up, Leave on site or Other to indicate the method you wish to obtain the Completed Rodent Free Certificate.
 - Read the last Sections "Applicant Acknowledges the Following" and "Penalties"
 - Print, sign and date the bottom of the application.

APPLICATION SUBMISSION

1. Submit the Application to the Health Department by mail or in person with the application fee of **\$250.00 (two hundred fifty dollars)**.
2. Payment must be in the form of a Certified Bank Check or Money Order made payable to :
"Nassau County Department of Health"
3. Note the following:
 - Cash, personal checks, or business checks will **not** be accepted.
 - Inspection of the site will **not** be made without payment of the application fee.

Log#	Address	Hamlet
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PROVIDE IN SPACE BELOW -SKETCH OF PROPERTY WITH THE LOCATION OF ALL BUILDINGS/STRUCTURES ON SITE

CONTACT INFORMATION - PROPERTY OWNER

NAME	ADDRESS	TELEPHONE NUMBER(S)
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CONTACT INFORMATION - DEMOLITION COMPANY

NAME	ADDRESS	TELEPHONE NUMBER(S)
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CONTACT INFORMATION - PERSON REQUESTING RODENT FREE CERTIFICATION

NAME	ADDRESS	TELEPHONE NUMBER(S)
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TITLE:	DEMO CONTRACTOR <input type="checkbox"/>	AGENT <input type="checkbox"/>	EXPEDITER <input type="checkbox"/>	OTHER <input type="checkbox"/>
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RODENT FREE CERTIFICATE - METHOD TO OBTAIN COMPLETED CERTIFICATE

Office pick-up <input type="checkbox"/>	Leave on site <input type="checkbox"/>	Other (Describe): _____
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APPLICANT ACKNOWLEDGES THE FOLLOWING:

1) ***NO*** demolition work can begin without an inspection of the property, including the exterior of all structures on the premises and grounds by a Nassau County Department of Health representative to determine if there is rodent activity. If rodent activity has been identified on the property, then extermination by a New York State licensed exterminator is required to prevent the spread of rodents throughout the neighborhood. No work can be started until extermination is complete.

2) Building(s) / structure(s) on this property must be intact and the land must remain in an unaltered state for the inspection to take place. If any work is done on the property that results in ground disturbance ***BEFORE*** the inspection takes place, then the inspection is deemed INVALID and the Rodent Free Certificate will not be issued by the Nassau County Department of Health.

3) The issued Rodent Free Certificate is ***valid for ten (10) days*** from the date of inspection of the property. Demolition of the building(s) and/or structure(s) on the premises **MUST** be completed within ten (10) days from the date of issuance of certification by the Department of Health.

4) PENALTIES*

Any person, firm or corporation that violates Nassau County Public Health Ordinance, Article VII, Section 13, by demolishing any building(s) and/or structure(s) on the above referenced property ***without*** obtaining a Rodent Free Certificate issued by the Nassau County Department of Health, **WILL** be subject to enforcement action by this Department.

ACKNOWLEDGEMENT SIGNED (BELOW):

APPLICANT
PRINT NAME:

APPLICANT
SIGNATURE:

DATE:

TITLE:

VILLAGE OF ROCKVILLE CENTRE
110 MAPLE AVE
P.O. BOX 950
ROCKVILLE CENTRE, N.Y. 11570

DANIEL V. CASELLA, CPCA
SUPERINTENDENT OF
BUILDINGS

516-678-9250
FAX #: 516-678-4544
email: dcasella@rvcny.us



THOMAS DOMANICO R.A.
DEPUTY SUPERINTENDENT OF
BUILDINGS

516-678-9249
FAX #: 516-678-4544
email: tdomanico@rvcny.us

DATE: _____
PERMIT # _____
ADDRESS _____

VOIDS AFFIDAVIT

I hereby certify that all underground wells, basins, cellars or other known voids will be filled with clean fill and that every buried storage tank, including all connections thereto will be removed and the void filled with clean sand, immediately upon completion of demolition.

Owner

Sworn to me before this _____

Day of _____

Notary Public

CESSPOOL AND SEPTIC TANK AFFIDAVIT

I hereby certify that all cesspools and septic tanks have been emptied and filled with clean fill.

Owner

Sworn to me before this _____

Day of _____

Notary Public



Village of Rockville Centre
BUILDING DEPARTMENT
P.O. Box 950
Rockville Centre, NY 11571-0950
Phone: 516) 678-9247
Fax (516) 678-4544

AFFIDAVIT OF ABSENCE OF ASBESTOS

Date: _____

Re: Demolition/Building Permit Application No. _____

I, _____ being a New York State Licensed and/or Certified Asbestos Inspector, on behalf of the owner of the premises known as _____ (street) _____, New York, _____ (zip) and/or Section _____, Block, _____, Lots(s) _____, have conducted an asbestos survey on ____/____/____ and declare that the premises to be renovated and or demolished are free of any asbestos containing material (ACM) and therefore petition the Incorporated Village of Rockville Centre Department of Buildings to issue a demolition and or building permit.

Signature _____

Licensed or
Certified as a _____

License or
Certificate No. _____

Address _____

Telephone # _____

INC. VILLAGE OF ROCKVILLE CENTRE – DEPARTMENT OF BUILDINGS

110 Maple Avenue, PO Box 950, Rockville Centre, NY 11571 · www.rvcny.us

PLUMBING PERMIT APPLICATION

PRINT OWNER NAME: _____

DATE: _____

ADDRESS: _____

PLUMBING PERMIT# _____

TEL # _____

REF. BUILDING PERMIT #: _____

SEC. _____ BLK _____ LOT _____

*** With permits requiring street openings, no initial and final inspections are to be performed without written confirmation from DPW.**

***All fixtures that produce carbon monoxide are to be in compliance with Amanda's Law: Effective Feb. 22, 2010**

FIXTURES

Location	B	Cellar	1 st	2 nd	3rd	4 th	Roof
Water Closets							
Laundry Washer							
Kitchen Sink							
Lavatories							
Bathbubs		NP					
Urinals							
Slop Sinks							
Showers		NP					
Indirect Wastes							
Dishwashers							
Floor Drain							
Back Flow Prev.							
Waste Disposals							
Grease Traps							
Heating Boilers							
Gas Piping							
Water Piping							
Storage Water Heater							
Standpipe							
Water Meter							
Sprinklers –Fire # sprinkler heads							
Temp Water Disconnect as per WD							
OTHER							

NO LEAD SOLDER FOR POTABLE WATER LINES

It shall be unlawful to extend or alter any existing plumbing or drainage work until a permit has been duly issued therefore and then only in conformance with the provisions of the New York State Uniform Fire Prevention and Building Code.

No licensed plumber shall sign a plumbing permit or act as an agent for a person who is not a licensed plumber in the Village of Rockville Centre. A violation of this rule will be deemed sufficient reason by the Department of Buildings for the revocation of their plumbing license.

I am the plumber of record and I will be performing the applied for work and in the event of any changes to this application as submitted. I will notify the Department of Buildings at once.

The owner of this property and the undersigned plumber agree to conform to all applicable laws of this jurisdiction.

License #:

Name (Please PRINT).....

Business Address.....

..... ZIP

Tel. #.....

Signature.....

Master Plumber

I am the owner of the subject property and hereby acknowledge that the plumber who signed this application is the plumber who is applying and who intends to perform the plumbing work at the subject property, as indicated in this permit application.

I understand that in the event of any changes to this application as submitted, I will Notify the Department of Buildings at once.

OWNER SIGNATURE: _____

Sworn to before me this _____ day of _____, 20 _____

Notary Public

Signature: _____

Stamp:

Sworn to before me this _____ day of _____ 20 _____

Notary Public

Signature: _____

Stamp:

Description of Proposed Work:.....

.....

.....

.....

.....

Please check Appropriate Box:

New Work

Repairs

Replacement

DO NOT WRITE BELOW THIS LINE

Plumbing Application Approved by _____ **Estimated Cost** _____ **Date** _____