

COMMERCIAL BUILDING PERMIT

A Building Permit is required in Rockville Centre when you are making any addition or alteration to commercial property. After you have retained an NYS licensed architect or engineer who has prepared plans for the proposed work, and have hired a contractor, the items you will need in order for us to process this application are as follows:

REQUISITES FOR PERMIT

- Completed RVC Building Application form – obtained from Building Dept.
Note: when applicable, separate permits are required for fire sprinkler, HVAC, plumbing and lawn sprinkler.
- Completed Architect's/Engineer's Certificate of Compliance – obtained from Building Department
- Two (2) copies of an accurate and legible survey as determined by the Superintendent of Buildings *not older than 5 years.*
- Two (2) detailed construction drawings of the work to be done stamped by a New York State licensed architect or engineer. These plans must include the *new* New York State Energy Code calculations effective 7/1/02.
- If plumbing work is to be performed, a Plumbing Permit is to be filed by an RVC licensed plumber and submitted with the application.
- If electrical work is to be performed, an Electrical Inspection Application is to be filed by a RVC licensed electrician and submitted with the application.
- Proper workers' compensation, liability & disability insurance for contractor (requirements at Building Dept.).
- Affidavit of no plumbing (if applicable) – obtained from Building Department.
- Affidavit of no electrical (if applicable) – obtained from Building Department
- Affidavit of Absence of Asbestos (if applicable) – obtained from Building Department
-
- Check for permit fee* Additional permit fees (amount to be determined based on the value of the project) must be made payable to the Village of Rockville Centre.
- Any demolition wherein asbestos material to be removed must be done in conformance with applicable New York State regulations.
- If a project requires scaffolding and /or sidewalk bridge, a Scaffolding/Sidewalk Bridge Permit is required.
- The Building Inspector will determine whether a Certificate of Occupancy or Letter of Completion is appropriate.

IMPORTANT The following conditions will cause a project to require Exterior Design Review:

1. Any project with a total cost of greater than \$25,000.
2. An increase in total square footage of 1000 square feet or greater.
3. An increase in total property coverage of 25% or greater.

*Amount to be determined by Building Inspector based on the value of the job.

Last updated 12/14

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

**INCORPORATED VILLAGE OF ROCKVILLE CENTRE
BUILDING DEPARTMENT**

§ 24-10. Conditions of Building Permit.

- A. A building permit shall be effective to authorize the commencing of work in accordance with the application, plans and specifications on which it is based for a period of three months after the date of its issuance and actively continue construction until completion. A lapse of construction of more than 60 days shall constitute an abandonment unless extended by the Building Official. For good cause, the Building Official may allow a maximum of two extensions for periods not exceeding three months each.
- B. The issuance of a building permit shall constitute authority to the applicant to proceed with the work in accordance with the approved plans and specifications and in accordance with the applicable building laws, ordinances or regulations. All work shall conform to the approved application, plans and specifications.
- C. Building permit card shall be displayed prominently on the job site at all times during the progress of construction so as to be readily seen from adjacent thoroughfares.

§ 24-11. Revocation of Permit.

The Building Official may revoke a building permit previously issued in the following instances:

- A. Where he finds that there has been any false statement or misrepresentation as to a material fact in the application, plans or specifications on which the building permit was based.
- B. Where he finds that the building permit was issued in error, and should not have been issued, in accordance with applicable laws.
- C. Where he finds that the work performed under the permit is not being prosecuted in accordance with the provisions of the application, plans or specifications.
- D. Where the person to whom a building permit has been issued fails or refuses to comply with a stop order issued by the Building Official.

§ 24-12. Stop Orders

Whenever the Building Official has reasonable grounds to believe that work on any building or structure is being prosecuted in violation of the provisions of the applicable building laws, ordinances or regulations, or not in conformity with the provisions of an application, plans or specifications on the basis of which a building permit was issued, or in an unsafe and dangerous manner, he shall notify the owner of the property, or the owner's agent, or the person performing the work, to suspend all work, and any such persons shall forthwith stop such work and suspend all building activities until the stop order has been rescinded. Such order and notice shall be in writing, shall state the reason for the stop order and the conditions under which the work may be resumed, and may be served upon the person to whom it is directed either by delivering it personally to him, or by posting the same upon a conspicuous portion of the building under construction or being worked upon and sending a copy of the same by certified mail to said person.

§ 24-13. Abandonment of Project.

In the event of the abandonment of any building project, it shall be the duty of the holder of the permit or the owner of the premises, his agent or duly authorized representative, to backfill any open excavation up the street or ground level. In case the construction of the building or structure has proceeded beyond the cellar excavation, all incomplete structures or openings shall be completely boarded up in a manner satisfactory to the Building Official so as to prevent access to the building or structure, in order to limit and prevent danger to persons or property and possible fire hazards and to present a neat appearance.

Last updated 12/14

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

**INCORPORATED VILLAGE OF ROCKVILLE CENTRE
BUILDING DEPARTMENT**

INSURANCE REQUIREMENTS

All contractors, plumbers, electricians and sign installers working in the Village of Rockville Centre must have the following insurance:

1. **Liability Insurance** – in the amount of \$1,000,000, combined single Limit bodily injury and property damage, naming the Incorporated Village of Rockville Centre as an additional insured and also as certificate holder (P.O. Box 950, Rockville Centre, NY 11570).

2. **Worker’s Compensation Insurance** – will only be accepted on Forms C1-05.2 of Form U-26-3 (New York State Insurance Form). If you do not employ outside help and are not required to have Worker’s Compensation insurance, you must complete Form CE-200 (which replaces form C-105.2).

Form BP-1 must be submitted if you are a homeowner acting as the general contractor.

3. **Disability Benefits Insurance** – will only be accepted on Forms WC/DB 100 (replaces Form C.105.2), DB-120-1 and DB-155. This insurance is necessary for all contractors and plumbers (including demolition work).

Note: “Acord” forms will only be accepted as proof of liability insurance. Proper insurance documentation must be submitted with each application. We do not keep insurance papers on file.

Last Updated 7/10

*Building Department Office Hours 8:00 a.m. – 4:40 p.m. (Mon. – Fri.)
Telephone No. 516-678-9247*

INCORPORATED VILLAGE OF ROCKVILLE CENTRE BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION ENTRY FORM

DATE: _____

TO BE COMPLETED BY APPLICANT

OWNER EMAIL ADDRESS _____ OWNER EMERGENCY CONTACT # _____

LOCATION ST #: _____ STREET NAME: _____ ZONE _____

SEC: _____ BLOCK: _____ LOTS: _____ - _____ - _____ - _____ - _____ - _____ - _____

APPLICANT: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER NAME: _____ PHONE: () _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RVC ELECT. NAME: _____ LIC# _____ RVC PLMR. NAME: _____ LIC # _____

GEN. CONTRACTOR: _____ H I L #: _____ EXP: _____

CONTACT NAME: _____ CONTACT PHONE: () _____ - _____

ST ADDR: _____ CITY: _____ STATE: _____ ZIP: _____

ARCHITECT/ ENGINEER: _____ PHONE: () _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

<u>FOR OFFICE USE ONLY:</u>		TYPE OF IMP: Repair _____ Imp _____	REVIEW DATE: _____	ISSUE DATE: _____
USE: _____	OCC. USE: _____	C/O _____	L/C _____	SHORING / FENCING REQ: YES ___ NO ___
EST. COST: _____	PERMIT FEE: _____			FINAL SURVEY REQ: YES ___ NO ___
ADD'SQ.FT. _____ X _____ = _____ @ _____ %				FOUNDATION SURVEY REQ: YES ___ NO ___
PROJECT: _____				PORTABLE FACILITY REQ: YES ___ NO ___
_____				PLUMBING PERMIT REQUIRED YES ___ NO ___
_____				SIDEWALK BRIDGE/SCAFFOLDING YES ___ NO ___
				ENGINEERED LUMBER/TRUSS YES ___ NO ___
REVIEWED BY: _____	APPROVED BY: _____	ASSIGNED INSPECTOR # _____		

AFFIDAVIT OF NO ELECTRIC WORK

DATE: _____

RE: (ADDRESS): _____

This is to certify that I, _____,
owner of the above premises, applying for a Building Permit, being duly sworn, depose and say
that there will be no electrical work of any nature whatsoever.

I realize that I must file an application for an Electrical Underwriter's inspection in the event
that electrical work is done at a future date.

Signed: _____
OWNER

SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20 ____.



NOTARY SIGNATURE

AFFIDAVIT OF NO PLUMBING WORK

DATE: _____

RE: (ADDRESS): _____

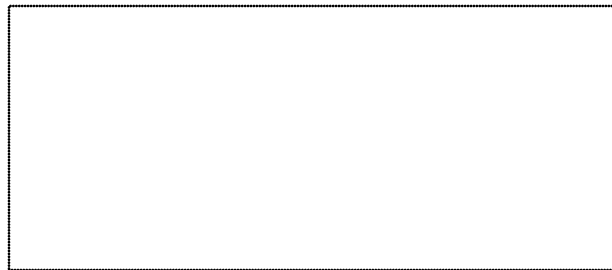
This is to certify that I, _____,
owner of the above premises, applying for a Building Permit, being duly sworn, depose and say
that there will be no plumbing work of any nature whatsoever.

I realize that I must apply for a Plumbing Permit in the event plumbing work is installed at a
future date.

Signed: _____
OWNER

SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20 ____.



NOTARY SIGNATURE



ZONING AFFIDAVIT

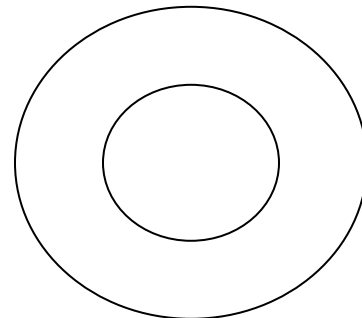
COMMERCIAL PROPERTY

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

ITEM	REQUIRED	EXISTING	PROPOSED
Use			
Lot Size			
Lot Width			
Building Area: Square Feet and Percentage			
Building Height:			
Front Yard			
Average Front Yard within Block			
Side Yard and Aggregate Side Yards			
Rear Yard			
Corner Plot Longer Street Frontage Shorter Street Frontage			
Parking Requirements.			

I, _____
 Name of Registered Architect/Engineer

LICENSE NO. _____, CERTIFY
 THAT I AM A REGISTERED ARCHITECT/ENGINEER, DULY LICENSED
 TO PRACTICE IN THE STATE OF NEW YORK AND THAT I AM REGULARLY
 ENGAGED IN THE PRACTICE OF ARCHITECT/ENGINEERING. I HEREBY
 CERTIFY THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT IS TRUE.



ARCHITECT/ENGINEER SEAL

INCORPORATED VILLAGE OF ROCKVILLE CENTRE
P.O. BOX 950
ROCKVILLE CENTRE, NY 11571-0950
PHONE: 516-678-9300

LAND USE
REVIEW

LAND USE REVIEW

COMMERCIAL
 RESIDENTIAL

DATE: _____

NAME OF APPLICANT/OWNER: _____

PROJECT ADDRESS: _____ LOT AREA: _____

SECTION: _____ BLOCK: _____ LOT(S): _____ ZONE: _____

Above Section in ITALICS should be completed by Homeowner.

Chapter 330:

REFERRAL REQUIRED *

MINOR SUBDIVISION

YES NO

EXTERIOR DESIGN REVIEW

YES NO

PLANNING BOARD REVIEW

YES NO

Chapter 340:

ZONING PRELIMINARY REVIEW _____

FINAL REVIEW _____

USES

YES NO

LOT SIZE

YES NO

BUILDING AREA

YES NO

BUILDING HEIGHT.....

YES NO

FRONT YARD

YES NO

SIDE YARD

YES NO

REAR YARD

YES NO

CORNER PLOTS

YES NO

PARKING

YES NO

OTHER

YES NO

Application reviewed by:
Inspector _____
Insp. No. _____ Date _____

REFERRED TO:
 Planning Board
 Village Board
 Zoning Board

Superintendent of Buildings



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 # _____

**ARCHITECT'S/ENGINEER'S CERTIFICATE OF COMPLIANCE
WITH 2015 BUILDING AND ENERGY CODES**

DATE: _____

ARCHITECT'S/ENGINEER'S
NAME AND ADDRESS:

TO: SUPERINTENDENT OF BUILDINGS

RE: TYPE OF PERMIT: _____

LOCATION: _____

Section _____ Block _____ Lots _____

Dear Superintendent of Building Department:

I, _____, on behalf of the owner(s) of premises
NAME OF REGISTERED ARCHITECT/ENGINEER

known as _____, Section _____ Block _____
ADDRESS WHERE WORK WILL BE DONE

Lot(s) _____, submit the attached plans for your review and ultimate issuance of Building Permit for the project referenced above.

I, _____, License No. _____, certify
NAME OF REGISTERED ARCHITECT/ENGINEER

that I am a Registered Architect/Engineer, duly licensed to practice in the State of New York and that I am regularly engaged in the practice of architecture/engineering. I hereby certify that the work shown on the plans submitted with this application conforms to all of the applicable requirements of the Energy Conservation Construction Code of New York State, effective as of 10/3/16 and the Building Codes of New York State, effective as of 10/3/16 (also known as the International Codes as adopted and modified by New York State.)

Signed _____ Date _____

ARCHITECT'S/ENGINEER'S SEAL

IN ORDER TO PROCESS YOUR APPLICATION, THIS WORKSHEET MUST BE FULLY COMPLETED.

VILLAGE OF ROCKVILLE CENTRE APPLICATION NUMBER: _____

CODE DATA WORKSHEET

DATE: _____

PROPOSED TENANCY (including sq. footage): _____

PRIOR TENANCY (including sq. footage): _____

DESIGN PROFESSIONAL (REGISTERED ARCHITECT OR ENGINEER): _____

TELEPHONE: _____ FAX: _____ CELL: _____

- TYPE OF WORK:
- | | |
|--|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> RENOVATIONS (K501) |
| <input type="checkbox"/> ALTERATIONS (K601) | <input type="checkbox"/> CHANGE OF OCCUPANCY (K801) |
| <input type="checkbox"/> ADDITIONS (K901) | <input type="checkbox"/> RELOCATED STRUCTURES (K1101) |
| <input type="checkbox"/> REPAIRS (K401) | <input type="checkbox"/> HISTORIC BUILDING (K1001) |
| <input type="checkbox"/> RECONSTRUCTION (K701) | |

CODES:

BUILDING CODE OF NYS, 2002 [B]
 FIRE CODE OF NYS, 2002 [F]
 MECHANICAL CODE OF NYS, 2002 [M]
 PLUMBING CODE OF NYS, 2002 [PB]
 FUEL GAS CODE OF NYS [FG]
 ENERGY CONSERVATION CODE OF NYS, 2002 [EC]
 RESIDENTIAL CODE OF NYS, 2002 [RC]
 PROPERTY MAINTENANCE CODE OF NYS, 2002 [PM]

CODE DATA
 ACTUAL DATA MUST BE PROVIDED WHERE APPLICABLE

LEGEND:

NA - NOT APPLICABLE	NR - NOT REQUIRED	NS - NOT SHOWN ON DRAWINGS
NC - NON-CONFORMING	R - REQUIRED	C - CONFORMS

* APPLICANT MUST PROVIDE CALCULATIONS IN SPACE PROVIDED ON LINES 3.4, 3.5, 5.1 & 5.2

NO.	TOPIC	CODE SECTION	REQUIRED/ ALLOWED BY CODE	ACTUAL PROPOSED
1.0	OCCUPANCY CLASSIFICATION PROPOSED/EXISTING	302		
1.1	SEPARATED USES	302.3		
2.0	TYPE OF CONSTRUCTION (INCLUDING SUB-TYPE)	602		
2.1	FIRE RESISTANCE RATING REQUIREMENTS FOR BUILDING ELEMENTS (HOURS)	TABLE 601		
2.2	FIRE RESISTANCE RATING REQUIREMENTS FOR EXTERNAL WALLS	TABLE 602		
3.0	ALLOWABLE HEIGHT AND BUILDING AREAS	CHAPTER 5	---	---
3.1	HEIGHT (FEET)	TABLE 503		
3.2	NUMBER OF STORIES	TABLE 503		

NO.	TOPIC	CODE SECTION	REQUIRED/ ALLOWED BY CODE	ACTUAL PROPOSED
3.3	FLOOR AREA (SQ. FEET PER FLOOR)	TABLE 503		
3.4	HEIGHT MODIFICATIONS*	504		
3.5	FLOOR AREA MODIFICATIONS*	506		
3.6	OTHER			
4.0	FIRE PROTECTION SYSTEMS	CHAPTER 9	---	---
4.1	AUTOMATIC SPRINKLER SYSTEM	903 [B] [F]		
4.2	PORTABLE FIRE EXTINGUISHERS (MUST SHOW LOCATIONS ON DRAWINGS)	906 [B] [F]		
4.3	FIRE ALARM & DETECTION SYSTEM	907 [B] [F]		
4.4	OTHER			
4.5	OTHER			
5.0	MEANS OF EGRESS	CHAPTER 10	---	---
5.1	OCCUPANT LOAD*	TABLE 1004.1.2		
5.2	EGRESS WIDTH*	TABLE 1005.1		
5.3	EXIT SIGN(S)	1011		
5.4	EGRESS ILLUMINATION (EMERGENCY LIGHTS)	1006		
5.5	STAIRWAYS	1009/1012		
5.6	EXIT ACCESS (SPACES WITH ONE MEANS OF EGRESS)	1013 TABLE 1014.1		
5.7	EXIT ACCESS TRAVEL DISTANCE	TABLE 10015.1		

NO.	TOPIC	CODE SECTION	REQUIRED/ ALLOWED BY CODE	ACTUAL PROPOSED
5.8	CORRIDOR WIDTH	1016.2		
5.9	CORRIDOR FIRE RESISTANCE RATING	TABLE 1016.1		
5.10	DEAD ENDS	1016.3		
5.11	CORRIDOR CONTINUITY	1016.5		
5.12	EXITING/MINIMUM NUMBER OF EXITS	1018 TABLE 1018.1		
5.13	BUILDINGS WITH ONE EXIT	1018.2 TABLE 1018.2		
5.14	ENCLOSURES	1019 1019.1		
5.15	OTHER			
6.0	ASSEMBLY	SECTION 1024	---	---
6.1	MAIN EXIT	1024.2		
6.2	OTHER EXITS	1024.3		
6.3	INTERIOR BALCONY & GALLERY MEANS OF EGRESS	1024.5		
6.4	TRAVEL DISTANCE	1024.7		
6.5	COMMON PATH OF TRAVEL	1024.8		
6.6	REQUIRED AISLES	1024.9		
6.7	OTHER			
7.0	ACCESSIBILITY (ICC/ANSI A-117.1-98) [NOTE: ALL NEW TOILET ROOMS MUST BE ACCESSIBLE]	CHAPTER 11		
7.1	OTHER			

NO.	TOPIC	CODE SECTION	REQUIRED/ ALLOWED BY CODE	ACTUAL PROPOSED
8.0	ENERGY CONSERVATION CONSTRUCTION CODE – PROVIDE REQUIRED TABLES AND CLIMATE ZONE <u>OR</u>	Energy Conservation Construction Code [E]		
	COMCHECKLIST CALCULATIONS ** (ATTACH 8.5" X 11" SHEETS SEPARATELY – SIGNED AND SEALED REQUIRED) ** <u>DOWNLOAD FREE SOFTWARE AT WWW.ENERGYCODES.GOV</u>			
9.0	REQUIRED LIVE LOADS	TABLE 1607.1		
9.1	SNOW LOADS	FIGURE 1608.2	20 PSF	
10.0	PLUMBING REQUIRED NUMBER OF FIXTURES	Chapter 29 Table 2902.1		
11.0	HEAT PRODUCING EQUIPMENT [NOTE: A STRUCTURAL DIAGRAM/FRAMING PLAN MUST BE PROVIDED TO BE ACCEPTABLE]	Mechanical Code [M]	---	---
11.1	NUMBER OF PROPOSED UNITS AND LOCATION			
11.2	NUMBER OF EXISTING UNITS			
11.3	NUMBER OF REPLACEMENT UNITS			
11.4	ELECTRICAL OR GAS POWERED [GAS REQUIRES A PLUMBING APPLICATION]			
12.0	SITE WORK		---	---
12.1	LINEAR FEET OF CURBING			
12.2	SQUARE YARDS OF ASPHALT PAVING			
12.3	CUBIC YARDS OF BASE			
12.4	NUMBER OF DRYWELLS/CATCH BASINS			
13.0	ALL OTHER APPLICABLE CODE(S) THAT APPLY TO THE SCOPE OF THE WORK BEING PERFORMED <i>i.e.</i> ANY OTHER BUILDING CODES			
	NASSAU COUNTY FIRE MARSHALL			
	NASSAU COUNTY HEALTH DEPARTMENT			

NO.	TOPIC	CODE SECTION	REQUIRED/ ALLOWED BY CODE	ACTUAL PROPOSED
	CURB CUTS (CONTACT THE APPROPRIATE AGENCY – STATE, COUNTY OR TOWN)			

THE ABOVE IS A SUMMARY OF THE BASIC CODE, WHICH APPLIES TO MANY COMMERCIAL BUILDING APPLICATIONS. IT IS NOT MEANT TO BE A COMPLETE OR COMPREHENSIVE LIST OF APPLICABLE BUILDING CODE REQUIREMENTS, WHICH MAY APPLY TO ANY PARTICULAR OR GIVEN SITUATION.

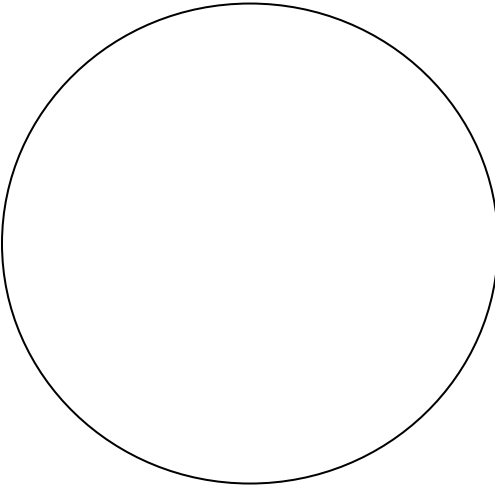
PLAN EXAMINER COMMENTS: (OFFICE USE ONLY)

DATE DENIED:

DATE APPROVED:

PLAN EXAMINER:

ORIGINAL INKED SEAL AND SIGNATURE OF A LICENSED PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT REQUIRED.



MAIL TO / HOLD FOR PICK UP FORM

PLEASE CHECK APPROPRIATE BOX INDICATING HOW OR TO WHOM YOU WOULD LIKE THE PERMIT RELEASED AFTER IT HAS BEEN ISSUED:

Send by mail

Hold for pick up

I, _____, property owner, am the only one authorized to pick up permits and plans. All other requests for pick up or mailing will require notarization from the person listed below in order to release permits and plans with my consent.

Signed: _____

I Authorize Rep. for pick up

Property Owner
Sworn to me before this

____ day of _____, 20__.

-

Name: _____

Notary Signature: _____

Address: _____

Post Office: _____ Zip Code _____

Telephone: _____

Sworn to me before this

Signed: _____

____ day of _____, 20__.

Notary Signature

INSPECTION GUIDELINES – VILLAGE OF RVC



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

ALL BUILDING AND PLUMBING PERMITS MUST BE PROMINENTLY DISPLAYED AT ALL TIMES UNTIL WORK IS COMPLETED AND APPROVED.

COMMERCIAL BUILDING INSPECTIONS

Call Deputy Superintendent Thomas Domanico at 516-678-9248 between the hours: 8:30 am to 10:00 am. Commercial inspections must be made by appointment directly with Mr. Domanico.

RESIDENTIAL BUILDING INSPECTIONS

Call the Building Inspector at 516-678-9247 between the hours: 8 am to 9:30 am or 11:30 am to 12:45 pm. Residential inspections must be made a minimum of 24 hours in advance and are set during two times: *Morning Inspections from 9 am to 11:30 am* and *Afternoon Inspections from 2 pm to 4 pm*. More specific times cannot be provided.

IMPORTANT:

ROCKVILLE CENTRE CODE

§ 84-7. Noises from construction, improvement or renovation to interior or exterior of residences or commercial property. [Added 11-27-1995 by L.L. No. 12, 1995]

No contractor or construction company shall operate or permit the operation of any construction activity or equipment, improvement or renovation to the interior or exterior of any residence or commercial property between the hours of 7:00 p.m. and 7:30 a.m. or at any time on Sunday.

Building Department Hours: Monday – Friday 8:00 am to 4:30 pm

**ALL INSPECTIONS
REQUIRE MINIMUM
24 HOUR NOTICE**



INSPECTION SCHEDULE

CONTRACTOR SHALL NOTIFY BUILDING DEPARTMENT:

1. EXCAVATION (before any concrete is poured). *SAFETY FENCES REQUIRED FOR ALL EXCAVATION 3 FEET OR DEEPER.
2. FOOTING/FOUNDATION.
3. NEW BUILDINGS (require the submission of a foundation survey).
4. FRAMING/STRAPPING.
5. INSULATION (shall not be approved without prior Electrical Underwriter's inspection).
6. ANY ADDITIONAL INSPECTIONS AS MAY BE REQUIRED.
7. FINAL INSPECTION.

ALL PLUMBING WORK SHALL BE INSPECTED PER VILLAGE REQUIREMENTS AS APPLICABLE:

1. ROUGH PLUMBING.
2. GAS TEST.
3. PIPE INSULATION.
4. WATER TEST.
5. FINAL INSPECTION.

Call us Before You Dig

If you're planning a construction project, be sure your work will not endanger underground pipes or electric cables. Before you start digging, drilling or excavating, call us at 1-800-272-4480 at least two working days ahead of time. If necessary, we'll visit your property to mark the location of any piped or cables. If you hire contractors, please remind them they are obligated to call before excavating.

Important Telephone Numbers

- Electric Service Emergencies – 1-800-490-0075 or 631-755-6900
- For Billing and General Questions - 1-800-490-0025 or 631-755-6000
- Interactive Voice Response System (IVR) – 1-800-490-0015
- En Espanol – 1-800-490-0085 or 631-755-6800
- EnergyWise Infoline -1-800- 692-2626
- Call Before You Dig – 1-800-272-4480
- Gas Emergencies – 1-800-490-0045

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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TYPE OF IMPROVEMENT <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 _____	PROPOSED USE - For "Demolition" most recent use Residential 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 _____	Nonresidential <input type="checkbox"/> Existing (Specify) _____ <input type="checkbox"/> Proposed (Specify) _____
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WORK PROPOSED - Describe in detail: _____ _____ _____	<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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Estimated Cost.....																							

Pursuant to Worker's Compensation Law, an original Certificate of Insurance 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)	CONSTRUCTION CLASSIFICATION <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;">AFFIDAVIT OF APPLICANT</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;">AFFIDAVIT OF PROPERTY OWNER</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