

INCORPORATED VILLAGE OF MILL NECK  
32 FROST MILL ROAD - P.O. BOX 351  
MILL NECK, NY 11765

**BUILDING INSPECTOR:**

**JON BABINSKI**

**Office: 516-922-6722 ext. 5 Cell: 516-406-2569**

**[buildinginspector@millneckvillage.com](mailto:buildinginspector@millneckvillage.com)**

**PROCEDURE FOR FILING FOR BUILDING PERMIT**

Applicant shall submit the following:

- 1) 2 sets of plans, including plot plan, plumbing diagram, sewage disposal details, and roof dry wells. Plans must have impression seal of a Registered Architect or Licensed Professional Engineer when cost exceeds \$10,000.00 or volume exceeds 30,000 cubic feet or if structural alterations are proposed.
- 2) Application in duplicate with Assessor's sheet. If property fronts on a County Road, two additional plot plans must be submitted.
- 3) Compensation Certificate made out to Village. Also, DBL on Form 120-1.
- 4) Check for Permit and Certificate of Occupancy. Fee is based upon estimated cost of construction which is the total amount of contract for construction or in the case of houses built for sale, the sales price of the house, less the cost of land.

Permit Fee is \$100.00 for the first \$2,000.00 of construction cost and \$10.00 for each additional \$1,000.00 or fraction thereof. Certificate of Occupancy Fee is \$200.00, which shall be paid when applying for permit.

**PROCEDURE FOR FILING FOR CERTIFICATE OF OCCUPANCY**

Applicant shall submit the following:

- 1) Affidavit of Final Cost of construction.
- 2) Survey showing house and location of sewage disposal system and depth of cesspool.
- 3) National Board of Fire Underwriters Certificate.
- 4) If required, letter from Architect or Engineer stating that the building has been constructed in accordance with the plans.

**PLEASE NOTE:** No action will be taken on Permits or Certificates of Occupancy unless all of the above documents are filed with the Building Inspector.

**OCCUPANCY OF A BUILDING OR STRUCTURE PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY IS A VIOLATION OF ZONING ORDINANCE.**

**ORIGINAL**  
**OFFICE OF THE BUILDING INSPECTOR**  
VILLAGE OF MILL NECK, NASSAU COUNTY, NEW YORK

Examined \_\_\_\_\_ 20\_\_  
Approved \_\_\_\_\_ 20\_\_ Permit No. \_\_\_\_\_ BZA \_\_\_\_\_  
Disapproved a/c \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

**Application for Building Permit**

No. \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_

**INSTRUCTIONS**

- a) This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Building Inspector.
- b) Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of this application.
- c) This application must be accompanied by two (2) complete sets of plans showing proposed construction. 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 \$10,000.00 in cost or 30,000 cubic feet in volume or work involves structural alterations, plans must be filed by a Registered Architect or a Professional Engineer. At the completion of the work an Architect or Engineer will certify to the Building Inspector that the work was completed in accordance with the approved plans.
- d) The work covered by this application shall not be commenced before the issuance of a Building Permit.
- e) Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant together with approved, duplicate set of plans. Such permit and approved plans shall be kept on the premises available for inspection throughout the progress of the work.
- f) No building shall be occupied or used in whole or in part for any purpose whatever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Inspector.

**Location:** \_\_\_\_\_  
(Give street number, name, side and distance from nearest cross street)

**Map:** \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

**APPLICATION IS HEREBY MADE** to the Building Inspector for the issuance of a Building Permit pursuant to the applicable Building Code and Zoning Ordinance for the construction of buildings, additions or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Address of applicant)

State whether applicant is owner, lessee, agent, architect, engineer or builder: \_\_\_\_\_

Name and address of owner of premises: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

If owner or applicant is a corporation, give names and titles of two officers and signatures of duly authorized officers.

\_\_\_\_\_  
\_\_\_\_\_  
(Name and title of corporate officer)

- 1) State existing use and occupancy of premises and intended use and occupancy of proposed construction:
  - a) Existing use and occupancy \_\_\_\_\_
  - b) Intended use and occupancy \_\_\_\_\_
- 2) Nature of work (check which is applicable): New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_  
Repair \_\_\_\_\_ Removal \_\_\_\_\_ Demolition \_\_\_\_\_
- 3) Estimated Cost\* \_\_\_\_\_  
Fees: BP \_\_\_\_\_ CO \_\_\_\_\_ ESCROW \_\_\_\_\_

- 4) Dimensions of existing structure, if any: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_  
 Number of Stories \_\_\_\_\_  
 Dimensions of same structure with alterations or additions: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_  
 Height \_\_\_\_\_ Number of Stories \_\_\_\_\_
- 5) Dimensions of entire new construction: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_  
 Number of Stories \_\_\_\_\_
- 6) Size of lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_
- 7) Zone or use district in which premises are situated \_\_\_\_\_
- 8) Does proposed construction violate any zoning laws, ordinances or regulations? YES \_\_\_\_\_ NO \_\_\_\_\_
- 9) Name of Compensation Insurance Carrier: \_\_\_\_\_  
 Number of Policy: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_
- 10) Name of Architect: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Cell No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Name of Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Cell No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_
- 11) Will electrical work be inspected by, and a Certificate of Approval obtained from the New York Board of Fire Underwriters or other agency? If so, specify \_\_\_\_\_

\*Costs for the work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost shall exceed estimated cost, an additional fee may be required before issuance of Certificate of Occupancy.

**PLOT DIAGRAM**

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.

STATE OF NEW YORK,        )  
   ) ss.:  
 COUNTY OF                    )

\_\_\_\_\_ being duly sworn, deposes and says that

(Name of individual signing application)

he/she is the applicant above named. He/She is the \_\_\_\_\_

(Contractor, agent, corporate officer, etc.)

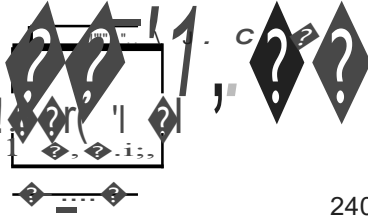
of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in the application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

(Signature of applicant)

Notary Public \_\_\_\_\_ County



**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

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF
----------------------	---------------------------------	------------------

ADDRESS OF PROPERTY	<b>Check one</b>	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	IZIP	CONTACT PERSON/OWNER
---------------------	------	----------------------

<b>ESTIMATED COST OF CONSTRUCTION:</b>	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP
		PHONE

<b>WORK MUST BEGIN BY</b>	PRINCIPLE TYPE OF CONSTRUCTION	EMAIL
<b>PERMIT EXP DATE</b>		<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME

LOT SIZE S.F.	<p align="center">IF YOU WISH TO GROUP OR APPORTION LOTS <b>PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</b></p>
# BLDGS ON LOT	

**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	114 D	112 D
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION	3/4 D	FULL D
<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	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**

Address of Applicant/Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**FIELD REPORT ON REVERSE**