

Fee **\$200**
Receipt # _____
Date _____

VILLAGE OF GREAT NECK ESTATES GENERATOR PERMIT APPLICATION

Location of Work _____ Section 2 Block _____ Lot (s) _____ Zone _____
Owner's Name (s) _____ Estimated Cost of Work \$ _____
Owners Home Phone # _____ Business # _____ 24 Hr Emergency _____

INSTRUCTIONS

Provide a "Sketch Plan" of the proposed equipment to be installed showing:

- Distances in feet from Generator to all property lines in compliance with the Zoning Regulations.
- Minimum 5'-0" clearance to any window in accordance with NFPA 37.
- Clearance between Generator and combustible exterior walls in accordance with NFPA 37 and manufacturer's specifications.
- Landscape screening to providing a visual buffer from adjoining properties.
- Note indicating that a Sign is to be provided at the Service/equipment entrance indicating the type and location of the Generator and any other standby power sources
- Plumbing Riser Diagram for gas service to the generator, if applicable.
- Specification Sheet for the Generator including Make and Model #, Kilowatt rating, decibel level, generator enclosure, etc.

A New York Board of Fire Underwriter's Certificate or Electrical Inspectors Certificate is required upon completion of the electrical work.

The required inspections are listed on the Generator Permit. Inspection appointment requests are made 24 hours in advance and are subject to scheduling

Description

Contractor's Name _____

Contractor's Address _____

Contractor's Telephone # _____ 24 Hr Emergency # _____

Plumber's Name* _____

Plumber's Address _____

Plumber's Telephone # _____ 24 Hr Emergency # _____

Electrician's Name* _____

Electrician's Address _____

Electricians's Telephone # _____ 24 Hr Emergency # _____

AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION

All Owners must sign either as owner or applicant

State of New York)

SS:

County of Nassau)

(I)(We), _____ being duly sworn, state:

Print Name(s)

Complete Items #1, 2 or 3 as applicable, then Item #4

(I am) (We are) the owner(s) of the property described in this application known as _____, and described on the Nassau County Land and Tax Map as Section 2 Block _____, Lot(s)_____.

- (1) If the applicant is a corporation, the deponent is an officer thereof, to wit the _____, and is authorized by the Board of Directors of the corporation to execute this application on behalf of the corporation.
- (2) If the applicant is a partnership, the deponent, _____ is a general partner thereof, and has authority to execute this application in the name of the partnership.
- (3) (I) (We) hereby authorize _____ to submit this application.

Signature of Owner

Signature of Owner

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

Notary Public

Signature of Applicant

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

Notary Public

**FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS 'A' MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

Machinery Operation Compliance Agreement

Section 154-2(A) of the Code of the Village of Great Neck Estates states that no person shall cause the operation of any machinery, drills power saws or other equipment between the hours of 9:00 P.M. and 8:00 A.M. on the following day, or at any time Sundays or Holidays, if such operation causes the emission of noise audible beyond the boundary of the property on which the machinery or equipment is located.

I, the undersigned, have read, understand and will comply with the aforementioned section of the Village Code.

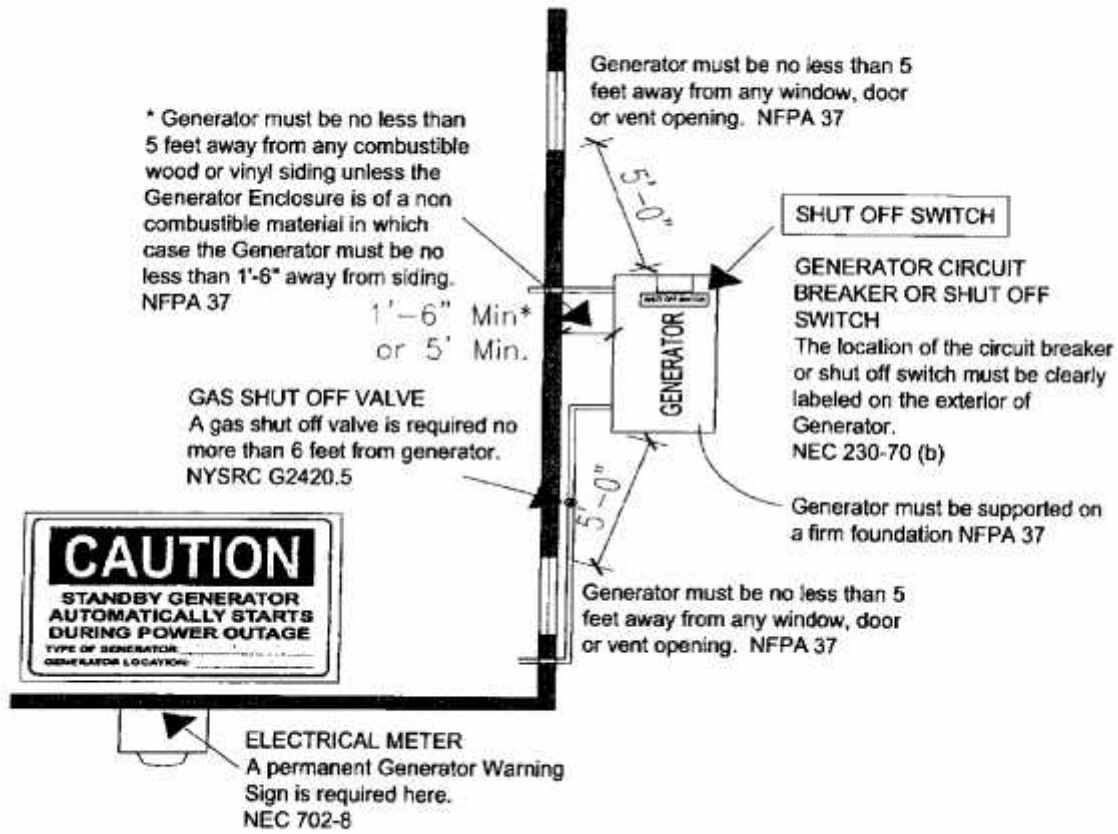
Print Name

Signature

Title

Company

Date



Village of Great Neck Estates
RESIDENTIAL STANDBY GENERATOR REQUIREMENTS

VILLAGE OF GREAT NECK ESTATES

4 Gateway Drive, Great Neck, NY 11021

516-482-8283

Fax: 516-482-5572

INSURANCE & LICENSE REQUIREMENTS

GENERAL CONTRACTORS:

- **General Liability Certificate** (Acord Form)
 - ✓ Village of Great Neck Estates must be listed as the Certificate Holder & as Additionally Insured
 - ✓ Address of Job must also be listed on certificate
- **Additional Insured Endorsement Form**
 - ✓ ISO Form CG 20 12
- **Disability Insurance** (DB120 form)
- **Workers' Compensation** (C105.2 form)
- **Nassau County Home Improvement License**

**Note: For Workers' Comp & Disability Exemption use form CE-200*

PLUMBER:

- Village of Great Neck Estates Plumber's License - \$50/year
Submit copy of current Master Plumber's License &
Liability, Disability & Workers' Comp Insurances as indicated above

ELECTRICIAN:

- Village of Great Neck Estates Electrician's License - \$50/year
Submit copy of current Master License &
Liability, Disability & Workers' Comp Insurances as indicated above

ELECTRICAL INSPECTION SERVICES

Certified Electrical Inspections Inc.
188 Park Ave
Amityville NY 11701
1-888-238-1338
1-631-598-5610

Electrical Inspectors Inc.
308 East Meadow Ave
East Meadow NY 11554
516-794-0400

Suffolk Bureau of Electrical Inspectors Inc
40 Nottingham Drive
Middle Island, NY 11953 11953
631-495-8136
3/10/14

Electrical Inspection Service Inc.
375 Dunton Avenue
East Patchogue, NY 11772
631-286-6642
6/13/11

Alliance Electrical Inspections Ltd
707 Hyman Avenue
West Islip, NY 11795
516-248-0820/631-539-6055
6/13/11

Long Island Electrical Inspectors, Inc.
21 Third Avenue
Bayshore, NY 11706
631-708-6690
7/8/13

***The above electrical inspection companies are the only electrical inspectors authorized by the Village of Great Neck Estates Board of Trustees.**



**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			Check one	NAME OF BUSINESS
CITY, TOWN, VILLAGE		ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:				ADDRESS
WORK MUST BEGIN BY			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CITY, STATE, ZIP
PERMIT EXP DATE		PRINCIPLE TYPE OF CONSTRUCTION		PHONE
LOT SIZE S.F.		<input type="checkbox"/> STEEL	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
# BLDGS ON LOT		<input type="checkbox"/> MASONRY		
		<input type="checkbox"/> FRAME	EMAIL	

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"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <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 <input type="checkbox"/>	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

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOT(S)
CA # OR BLDG #
UNIT #
DATE