

FEE: **\$125 Road/Street Opening**

FEE: **\$150 Curb Cut**

DEPOSIT: **\$400 (separate check)**

DEPOSIT: **\$400 (separate check)**

RECEIPT NO: _____

DATE: _____

VILLAGE OF GREAT NECK ESTATES

Atwater Plaza/4 Gateway Drive

Great Neck, NY 11021

Application for Road Openings and Curb Cuts

NAME _____ Phone _____

ADDRESS _____

NAME OF ROAD _____

TYPE OF PAVEMENT _____ WIDTH _____ FT. SHOULDERS _____

TYPE OF SIDEWALK _____ WIDTH _____ FT.

NO. OF OPENINGS _____ SIZE _____

OPENING ON SIDE OF ROAD (N. – S. – E. – W.) _____

SHOW LOCATION OF LINE BEING TAPPED SAME SIDE YES _____ NO _____

SHOW DISTANCE TO NEAREST CROSS ROAD AND NAME OF ROAD

WILL DRIVE PIPE UNDER PAVEMENT YES _____ NO _____

PURPOSE OF APPLICATION _____

NO TUNNELLING ALLOWED

SKETCH OF LOCATION

DRAW IN NORTH ARROW

APPLICANT'S NAME _____

APPLICANT'S SIGNATURE _____ DATE _____

CONTRACTOR'S NAME: _____

Address: _____

Phone #: _____ **24 Hr. Emergency #** _____

Provide Copies of Insurances (Liability, Disability, Worker's Comp,) & NC Home Improvement License

AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION

All Owners must sign either as owner or applicant

State of New York)

SS:

County of Nassau)

state:

(I)(We), _____ being duly sworn,
print owner(s) name

Complete Items #1 & #2 if applicable

(1) (I am) (We are) the owner(s) of the property described in this application
known as

_____, and described on the Nassau County
address

Land and Tax Map as Section _____, Block _____,
Lot(s)_____.

(2) (I) (We) hereby authorize _____ to submit
applicant

this application.

Signature of Owner

Signature of Owner

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

Notary Public

**ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE
TO THE BEST OF MY KNOWLEDGE AND BELIEF**

Print Name of Applicant

Signature & Title 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**



**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: OWNER OR LESSEE NAME OF BUSINESS: _____

CITY, TOWN, VILLAGE: _____ ZIP: _____ CONTACT PERSON/OWNER: _____

ESTIMATED COST OF CONSTRUCTION: _____ ADDRESS: _____ CITY, STATE, ZIP: _____

WORK MUST BEGIN BY: _____ PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME PHONE: _____ EMAIL: _____

PERMIT EXP DATE: _____ LOT SIZE S.F.: _____ # BLDGS ON LOT: _____

**IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

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 _____	<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
	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"/>

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