BUILDING PERMIT APPLICATION



Permit No.

Village of Upper Brookville Building Department 24 Wolver Hollow Road, Glen Head, NY 11545

T: 516-624-7715 Ext. 3
Buildingdept@upperbrookville.org

_____ Date _____

INSTRUCTIONS & REQUIREMENTS

- 1. Submit two (2) **completed & notarized** copies of this application with the **homeowner's signature**. (Contractors must sign & notarize separate "Insurance & License Requirements" form)
- 2. Submit two (2) copies of a survey showing location of lot, existing buildings and structures on premises, proposed buildings and structures, relationship to adjoining premises or public streets or areas, and a detailed description of layout of property.
- 3. Submit two (2) complete sets of plans, approved and certified by Registered Architect or a Professional Engineer, showing proposed construction. Plans shall describe the nature of the work to be performed, the materials and installations. At the completion of the work, the Architect or Engineer will certify to the Building Inspector that the work was completed in accordance with the approved plans.
- 4. The work covered by this application shall not be commenced before the issuance of a Building Permit.
- 5. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant together with an approved set of plans. Such permit and approved plans shall be kept on the premises available for inspection throughout the progress of the work. Applicant shall comply with all conditions of the permit and notify Building Inspector of required phases of construction to facilitate inspections.
- 6. No building shall be occupied or used in whole or in part for any purpose whatsoever until an application is made for and a Certificate of Occupancy shall have been issued by the Building Inspector.
- 7. Hours: Construction, excavation, demolition, alteration or repair of any building or the operation of construction machinery is allowed in the Village Monday Friday 8:00 am 6:00 pm. These activities are not allowed at any time on Saturday, Sunday or New York State legal holidays, with the exception of (a) interior alterations or repairs to a building which is entirely enclosed, or (b) pursuant to a permit issued by the Building Inspector or the Mayor in an emergency situation.

Section: Block: Lot:		
Location/Address:		
Name & Address of Owner:		
	Phone #	
Email #1:	Email #2:	
Name & Address of Applicant:		
	Phone #	
Email #1:	Email #2:	

demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations. Applicant is: □Owner □Lessee □Agent □Architect □ Engineer □Builder 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: □New Building □ Addition □ Alteration □ Repair □Demolition/Removal Description of work: 3. Estimated Cost: ______ (Cost for the work described in the Application for Building Permit include cost of all construction and other work done in connection therewith, exclusive of the cost of the land) **4.** Zone: $\square R-1$ or $\square OP-1$ **5.** Does proposed construction violate any zoning law, ordinance or regulation? Description of violation: 6. Name of Architect: ______Email:_____ Address: Phone # Name of Contractor: _____ Email: ____ Address: Phone # Name of Plumber: _____ Email: _____ Address: _____ Phone #____ Name of Electrician: _____ Email: ____ Address: _____ Phone #___ *All electrical work requires an underwriter's certificate by a Village approved electrician.

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

INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER / LICENSED CONTRACTOR TO WORK WITHIN THE MUNICIPALITY

Applicant shall maintain at a minimum the following insurance coverages, giving evidence of same to the Inc. Village of Upper Brookville, on the form of Certificates of Insurance stating all work performed at any and all locations, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days' notice of cancellation, non-renewal or material change. New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

I. WORKER'S COMPENSATION AND NYS DISABILITY

Coverage Statutory

Extensions Voluntary compensation

All states coverage; Employers liability – unlimited

Required Form for Workers Comp: C105.2 – certificate of NYS Workers Compensation Insurance Coverage

OR if you are insured with the State Insurance Fund, form SI-26.3 – State Insurance

Fund Certificate of Workers Compensation Insurance

Required Form for NYS Disability: DB120.1 – Certificate of Disability Benefits Insurance

Required Form for Exemption CE-200 – Certificate of Attestation of Exemption from NYS Workers

Compensation and/or Disability Benefits Insurance Coverage.

II. COMMERCIAL GENERAL LIABILITY

Coverage Occurrence – 1988 ISO or equivalent

Limits General Aggregate \$2,000,000

Products-Comp/Ops Aggregate \$1,000,000 Personal. & Advertising. Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Legal (Any one Fire) \$50,000 Medical Exp. (Any one Person) \$5,000

Additional Insured Inc. Village of Upper Brookville and all appointed and elected officials, employees

and volunteers Using ISO form CG2026 or equivalent

Mandatory Contractual Liability to cover the Hold Harmless;

Aggregate Limits per project;

III. AUTOMOBILE INSURANCE

Coverage Standard New York policy insuring all owned, hired,

and non-owned vehicles

Limits Minimum Limit - \$1,000,000 CSL

Additional Insured Inc. Village of Upper Brookville and all appointed and elected officials, employees

and volunteers

Coverage	Liability	Point of Excess following	g form of primary General Liabi	nty und rutomot		
Suggested Limit	\$2,000,00	00				
Additional Insured		Inc. Village of Upper Brookville and all appointed and elected officials, employees and volunteers				
the cost of defense for resulting from, the peri	shall indemnify and he r personal injury or mit holder's or Licen	old the Municipality harm property damage resultinusee's operations within the	nless against any claim of liabil g from or arising directly or in the Municipality, including loss and any subcontractors, its serva	indirectly out of es arising out of		
I,	Print	Name	, owner	of		
Str	reet	Town	State	Zip		
Hom	neowner Signature		Date			
11011	neowner Signature		Duto			
G		NOWLEDGMENT CERTI	FICATE			
State of N County o	New York)	NOWLEDGMENT CERTI ss.:	FICATE			
County o On the	New York)	ss.: in the year 20	FICATE before me, the undersigned, a Notary			
On thePublic inpersonall whose na executed	New York) f day of and for said State, person y known to me or proved the same in his/her/their control of t	in the year 20 ally appeared, to me on the basis of satisfactor o the within instrument and ack apacity(ies), and that by his/her				

IV.

V.