

ONE BONNIE HEIGHTS ROAD MANHASSET, NY 11030

BUILDING PERMIT APPLICATION

To be completed in ink or typed and submitted to the Village along with plans & specifications and required fees.

SITE ADDRESS					
SE			LOT	ZONE	
AP AD PH	PLICANT'S NAN DRESS ONE	1E	EMAIL		_
	STATE PRO				
	01/0155				
2.	OWNER ADDRESS				
	PHONE # EMAIL				
3					
	ADDRESS PHONE #				
	EMAIL				
4.	CONTRACTO	OR			
	ADDRESS PHONE #				
	EMAIL				
	s this project a r				
	 B. If yes, Squar 	e Footage Detai	ls:		
	First Floor	Se	econd Floor		
	Basement	Ot	her		
	C. Proposed He	eight	_ No. of Stories	<u> </u>	
	D. Size of lot (so	q. ft.)			
	E. Area of main			tions)	

F. Area of accessory buildings/structures_

- G. Percentage of lot to be occupied

 H. Front setback

 Rear setback

 I. Right side yard
- 6. Is this an addition, alteration or renovation? (Yes) (No)
 - A. If yes, does the structure comply with Building, Zoning and Plumbing Codes? (Yes) (No)

 - B. Area of existing building______ C. Size of proposed addition______
 - D. Present % of Lot_____
 - E. Proposed % of Lot_____
 - F. Front setback _____ Rear setb

7. Is this project a demo? (Y) (N) SEPARATE DEMOLITION PERMIT REQUIRED

8. Will any FILL be brought onto this site? (Yes) (No) Will the property be re-graded to change site contours? (Yes) (No)

9. Will a bond be required? New dwelling, addition in excess of 500 sg. ft., swimming pool (Yes)(No)

10. The following affidavits must be completed:

By signing below I attest that all statements and facts submitted in these documents are true. Affidavit to be completed by Owner/Agent

STATE OF NEW YORK

COUNTY OF NASSAU:

Being duly sworn, deposes and says he/she

is the owner in fee of the property/agent of the property owner described in the foregoing (choose one)

application and that the statements contained herein are true to the best of their knowledge and belief.

Sworn to me this day of 20

Signed

Notary	
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INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

- Current Survey (within past 6 months) 2 copies
- Site Plans & photographs 2 copies
- Copy of Contractor/Plumber /Electrician License
- Insurance: General liability, Worker's Comp, Disability

For Swimming pool permits, letter of water availability from your water company

Total estimated co	ost of construction: \$	*
Permit Fee \$	(see fee schedule)	
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Impact fee _____ (\$1000.00 + 2.50 / sq ft) Paid on_____

ALL FEES ARE NONREFUNDABLE