

**BUILDING PERMIT APPLICATION**

**INC. VILLAGE OF ISLAND PARK**

It is the policy of this department to abandon and destroy, without notification, any applicant that has been left dormant by the owner or agent thereof for 90 days. All fees paid in relation to such an application will be non-refundable and non-transferable.

One copy of permit (bearing the approval of the Building Department) shall be displayed at the site of work and exhibited on demand to any Building Inspector of the Inc. Village of Island Park. No work, including excavations, to commence prior to issuance of permit.

Application # .....
Date Received .....
Date Approved ..... By .....
Fee \$ ..... Permit No. ....

**IMPORTANT - Must be Typewritten or Printed Legibly**

<b>I. LOCATION OF BUILDING</b>	Name, Number and Street	Sec.	Blk.	Lots.
	N.E.S.W. side of ..... ; ..... feet N.E.S.W. ....			
	or ..... corner of ..... & .....			

**II. TYPE AND COST OF BUILDING - All Applicants complete Parts A thru C**

**A. TYPE OF IMPROVEMENT**

- 1  New building or structure
- 2  Addition
  
- 3  Alteration
- 4  Use
- 5  Wrecking (if multi-family residential, enter number of units in building in Part C, 13)
- 6  Moving (relocation)
- 7  Foundation only
- 8  Swimming Pool
- 9  Other (Specify) \_\_\_\_\_

**C. PROPOSED USE - For "Wrecking" most recent use**

- | Residential                 |   | Nonresidential              |  |
|-----------------------------|---|-----------------------------|--|
| Exist.                      | Prop.   | Exist.                      | Prop.  |
| <input type="checkbox"/> 12 | <input type="checkbox"/> One Family                               | <input type="checkbox"/> 18 | <input type="checkbox"/> Amusement, recreational             |
| <input type="checkbox"/> 13 | <input type="checkbox"/> Two or more Family                       | <input type="checkbox"/> 19 | <input type="checkbox"/> Church, other religious             |
|                             | Enter number of units _____                                       | <input type="checkbox"/> 20 | <input type="checkbox"/> Industrial                          |
| <input type="checkbox"/> 14 | <input type="checkbox"/> Transient hotel, motel or boarding house | <input type="checkbox"/> 21 | <input type="checkbox"/> Restaurant                          |
|                             | Enter number of units _____                                       | <input type="checkbox"/> 22 | <input type="checkbox"/> Service station, repair garage      |
| <input type="checkbox"/> 15 | <input type="checkbox"/> Garage                                   | <input type="checkbox"/> 23 | <input type="checkbox"/> Hospital, institution, nursing home |
| <input type="checkbox"/> 16 | <input type="checkbox"/> Carport                                  | <input type="checkbox"/> 24 | <input type="checkbox"/> Office, bank, professional building |
| <input type="checkbox"/> 17 | <input type="checkbox"/> Other (Specify) _____                    | <input type="checkbox"/> 25 | <input type="checkbox"/> Public utility                      |
|                             | _____   | <input type="checkbox"/> 26 | <input type="checkbox"/> School, library, other educational  |
|                             | _____   | <input type="checkbox"/> 27 | <input type="checkbox"/> Stores, mercantile                  |
|                             | _____   | <input type="checkbox"/> 28 | <input type="checkbox"/> Tanks, towers, antennas             |
|                             | _____   | <input type="checkbox"/> 29 | <input type="checkbox"/> Other (Specify) _____               |

**B. COST**

- 10 Cost of improvement \$ \_\_\_\_\_ (Omit cents)
- To be installed but not included in the above cost
- a. Electrical .....
  - b. Plumbing .....
  - c. Heating, air conditioning .....
  - d. Sprinkler .....
  - e. Other (elevator, etc.) .....
11. TOTAL COST OF IMPROVEMENT ..... \$ \_\_\_\_\_
- 11a. ADJUSTED COST ..... \$ \_\_\_\_\_

**WORK PROPOSED** - Describe in detail use of buildings, e.g. food processing plant machine shop, laundry, hospital, elementary school, secondary school, college, parochial school, parking garage, rental office building. If use of existing building is being changed, enter proposed use.

LIC. PLUMBER'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

LIC. ELECTRICIAN'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings, additions and relocations, complete Part D thru I; for wrecking, complete only Part G; for all others skip to IV.**

**D. PRINCIPAL TYPE OF CONSTRUCTION**

- |                             |  |  |
|-----------------------------|--|--|
| Exist.                      | Prop.  |  |
| <input type="checkbox"/> 30 | <input type="checkbox"/> Wood Frame                        |  |
| <input type="checkbox"/> 31 | <input type="checkbox"/> Ordinary construction             |  |
| <input type="checkbox"/> 32 | <input type="checkbox"/> Masonry walls wood floor and roof |  |
| <input type="checkbox"/> 33 | <input type="checkbox"/> Heavy timber                      |  |
| <input type="checkbox"/> 34 | <input type="checkbox"/> Noncombustible                    |  |
| <input type="checkbox"/> 35 | <input type="checkbox"/> Fire resistive                    |  |

**G. DIMENSIONS OF LOT**

- 43 Number of stories ..... X \_\_\_\_\_
- 44 Total square feet of floor area, all floors, based on exterior dimensions (excluding basement or cellar) .....
- 45 Total land area, sq. ft. ....

**E. PRINCIPAL TYPE OF HEATING FUEL**

- 36  Gas
- 37  Oil
- 38  Electricity
- 39  Coal
- 40  Other (Specify) \_\_\_\_\_

**H. NUMBER OF OFF-STREET PARKING SPACES**

- 46 Enclosed .....
- 47 Outdoors .....

**F. FLOOR LOAD**

- 41 Floor load \_\_\_\_\_ PSF
- 42 Occupancy load \_\_\_\_\_

**I. RESIDENTIAL BUILDINGS ONLY**

- 48 Number of bedrooms .....
- 49 Percent of lot occupied..... (Full) .....
- 50 Number of bathrooms ..... (Partial) .....

**J. TYPE OF MECHANICAL**

- 51 Will there be central air conditioning?  Yes  No
- 52 Will there be an elevator?  Yes  No
- 53 Will the building be sprinklered?  Yes  No

L. Is an Environmental Impact Statement required?  Yes  No

**IV. IDENTIFICATION - To be completed by all applicants**

	NAME	MAILING ADDRESS (Number, Street, City and State)	ZIP CODE	TEL. NO.
Arch. or Eng.				
Owner				
Contractor				

Workmens Compensation Certificate No. .... Expiration Date .....

Insurance Co. ....

Disability Benefit Insurance filed?  Yes  No

Nassau County Home Improvement License No. .... Expiration Date .....

**The owner of this building and the undersigned agree to conform to all applicable law of the Village of Island Park.**

\_\_\_\_\_ states that he is authorized to make this application and that all statements are true to the best of his knowledge and belief. (If corporation, give name of corporation and name, office, and address of its responsible officers).

OWNER'S SIGNATURE (As notes on deed) \_\_\_\_\_ PHONE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET ADDRESS ..... SECTION ..... BLOCK ..... LOTS .....