

INCORPORATED VILLAGE OF MATINECOCK

147 Forest Avenue, Locust Valley, N.Y. 11560

TEL. (516) 801-6000 FAX. (516) 801-6524

Buildingdept@matinecockvillage.org

BUILDING PERMIT APPLICATION

PERMIT NO. _____

DATE: _____

SECTION: _____ BLOCK: _____ LOT: _____

HOMEOWNERS NAME: _____ PHONE NO: _____

PROJECT ADDRESS: _____

Email #1: _____ Email #2: _____

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the applicable Code and Zoning Ordinance for the construction of buildings, additions or for the removal as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

PRINT APPLICANT NAME APPLICANT SIGNATURE (_____) PHONE NUMBER

(MAILING ADDRESS IF DIFFERENT THAN PROPERTY ADDRESS) CELL #

Email #1: _____ Email #2: _____

Applicant Is: Owner Lessee Agent Architect Engineer Builder

PROJECT DESCRIPTION: _____

COST OF CONSTRUCTION: _____

Zone: R-2A R-5A R-10 R-15 Business

SQUARE FOOTAGE: NEW _____

EXISTING SQUARE FOOTAGE TO BE RENOVATED: _____

BUILDING PERMIT FEE: _____

CERTIFICATE OF OCCUPANCY: \$350
OR
CERTIFICATE OF COMPLETION: \$200
CO DEPOSIT: \$500
SITE & DRAINAGE FEE: \$2,000.00 for New Dwelling
 \$1,000.00 for all other permits

TOTAL FEE: _____

APPLICATION FOR BUILDING PERMIT

Intended use and occupancy of proposed construction (Circle One):
 RESIDENTIAL COMMERCIAL OTHER (Explain) _____

ESTIMATED COST OF CONSTRUCTION \$ _____ (Minimums apply see Fees)

PERMIT FEE \$ _____ CO or COC FEE \$ _____ CO DEPOSIT _____ S&D DEPOSIT \$ _____

TOTAL FEE \$ _____

GENERAL SCOPE OF PROPOSED PROJECT: _____

DESCRIPTION	EXISTING SQ. FT	PROPOSED SQ. FT	TOTAL SQ. FT
BASEMENT			
1 ST FLOOR			
2 ND FLOOR			
GARAGE			
PORCH			
TERRACE			
OTHER _____			
TOTAL SQ. FT:			

DESCRIPTION	EXISTING	PROPOSED
BUILDING HEIGHT		
HABITABLE FLOOR AREA		
MAXIMUM BUILDING COVERAGE* %		
SIDE YARD SETBACK		
REAR YARD SETBACK		
FRONT YARD SETBACK		

(Include dwelling, accessory buildings, pools, all other structures including patios, driveways, etc.)

CIRCLE IF APPLICABLE: FLAG LOT, CORNER LOT

CIRCLE ONE - IS THIS LOT ON A COUNTY, VILLAGE OR PRIVATE ROAD?

ARE TREES TO BE REMOVED AS PART OF THIS APPLICATION? YES OR NO
IF YES, PLEASE SUBMIT A SEPARATE TREE REMOVAL APPLICATION. DO NOT REMOVE ANY TREES UNTIL A TREE PERMIT HAS BEEN ISSUED.

DOES THE PROPOSED CONSTRUCTION VIOLATE ANY ZONING LAWS? YES OR NO

IF YES, PLEASE EXPLAIN: _____

THE CONTRACTOR MUST SUBMIT PROOF OF GENERAL LIABILITY AND COMPENSATION INSURANCE TO THE BUILDING DEPARTMENT AND THE VILLAGE OF MATINECOCK MUST BE LISTED AS ADDITIONAL INSURED AND HELD HARMLESS.

Name of Architect: _____ Phone No _____

Address _____ Email: _____

***AN ARCHITECT'S STAMPED LETTER MUST BE SUBMITTED CERTIFYING ALL WORK WAS COMPLETED TO STATE AND LOCAL CODES.**

Name of Contractor: _____ Phone No. _____

Address _____ Email: _____

Name of Plumber: _____ Phone No _____

Address _____ Email: _____

***ALL PLUMBING REQUIRES CERTIFICATE FROM A LICENSED PLUMBER**

Name of Electrician: _____ Phone No _____

Address _____ Email: _____

*** ALL ELECTRICAL WORK WILL REQUIRE AN ELECTRICAL UNDERWRITERS CERTIFICATE. .**

STATE OF NEW YORK, COUNTY OF NASSAU, SS:

_____ being duly sworn deposes and says that he is the applicant above named.
(Name of individual signing application). He/She is the _____
(Contractor, agent, corporate officer, etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me
this _____ day of _____ 20_____

(Signature of applicant)

Notary Public, _____ County