

**VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org**

Date: _____

Owner(s) Name: _____

Property Address: _____

Section: _____ Block: _____ Lot: _____

Enclosed are a Building Permit Application and General Guidelines concerning permits.

Please note that all construction must be in compliance with the rules and regulations of the New York State Construction and Building Codes and must also conform to the Village of Baxter Estates Building Zone Ordinances.

The Village Superintendent of Buildings will review your application and required plans for your own protection and will ascertain whether the construction conforms to the New York State Codes and the Village of Baxter Estates codes.

Should the application be denied, you have the right to appeal the decision before the Board of Zoning Appeals. If the Board of Zoning Appeals grants a variance to allow the construction, the permit will be issued.

All applicable fees are due at the time of filing the building Permit application.

NO CONSTRUCTION IS TO COMMENCE WITHOUT A BUILDING PERMIT.

VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org

VILLAGE OF BAXTER ESTATES
GUIDELINES FOR OBTAINING A BUILDING PERMIT

A building permit is required before any new construction or alteration work begins, whether interior or exterior. A building permit fee is charges based on the Village fee schedule.

- Two sets of stamped and signed plans by a professional architect or engineer are needed for the following:
 - New construction
 - Interior alterations involving structural or plumbing changes.
 - Additions
 - Exterior wooden decks 8 inches above adjoining grade.
 - Central air conditioning, swimming pools, hot tubs, gazebos, tree houses, generators and retaining walls.
 - Permission must be obtained by the Tree Commission to remove trees for space to build and a landscape plan must be submitted for the replacement of trees.
- All plans must contain the Architect's or Engineer's professional certification of compliance with the NYS Uniform Fire Prevention and Building Code and the NYS Energy Conservation Law.
- All plans should indicate zoning calculations providing the height of the structure, population density, building area (including floor area ratio) lot width requirements and front yard, side yard and rear yard requirements.
- A site plan should show existing structures, trees, proposed additions, basement height, and the elevations relative to adjacent curb heights.
- Window replacements if space is being reconfigured or a level 2 alteration require a plan showing all windows to be replaced and certification by the contractor that the windows conform to the NYS Fire prevention and Building Code and the NYS Energy Conservation Law.
- Provide a survey of the property showing all additions to date.
- Provide a copy of the contract between the property owner and the contractor.
- Provide a copy of the contractor's current Home Improvement License from Nassau County.
- Provide a certificate of insurance from the contractor showing coverage for General Liability, Workers Compensation and NYS Disability Insurance, listing the Village of Baxter Estates as the Certificate Holder and Additional Insured.
- Inspections are to be made by the Superintendent of Buildings as indicated on the schedule of inspections provided with the building permit.
- Work must commence within six months from the date of permit issuance. Permits are valid for one year.
- On completion of work, an Affidavit of Final Cost and Application for Certificate of Occupancy must be filed.

**VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org**

- Professional certification may be required to certify that all construction, alteration or repairs were completed in accordance with the approved plans and the building codes and energy conservation laws of NY State.
- An Underwriters Electrical Certificate is required for all new electrical work.
- A final survey showing all new additions and setbacks thereof must be submitted before the issuance of a Certificate of Occupancy.

Demolition Permit:

- See Demolition Requirements List

New Construction

- All requirements as above and in addition;
- A water availability letter from the Port Washington Water District

VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org

VILLAGE OF BAXTER ESTATES
BUILDING PERMIT APPLICATION CHECK LIST

Note: Deliver all of the following items *at the same time*. The Building Department cannot accept incomplete applications. Fees must be paid at time of submission.

_____ One copy of the completed application, including notarized signatures, contractor's name, and license number.

_____ The Nassau County Assessor's form filled in and signed by the applicant.

_____ Shore Environmental Assessment Form

_____ Two sets of complete drawings, disclosing all necessary details and specifications, signed, and sealed by a registered architect or a licensed engineer.

_____ One copy of an original current survey of the property, prepared by a licensed surveyor, showing all structures on the property, and dimensions to the property lines and to each other.

_____ Contractor's liability, property damage, and workers' compensation insurance certificates, listing the Village as certificate holder.

Liability Insurance – Accord form

Disability Insurance – DB120.1 form

Workers' Compensation – C-105.2 or U26.3 form

(If sole proprietor, can instead provide affidavit of exemption from workers' compensation insurance)

_____ Building Permit fees

Demolition Permits

There are separate requirements for building permit applications for demolition. Please contact the Village Hall to obtain a listing of requirements to be submitted with the completed building permit application form.

New Construction

_____ Water availability letter from PWWD

Village of Baxter Estates

315 Main Street
Port Washington, NY 11050
Tel: (516) 767-0096



Building Permit Application

Application No: _____

New Building Alteration Addition Demolition Structure Generator A/C Other

Application must be submitted with a current property survey prepared by a licensed land surveyor, and two sets of plans showing in detail all proposed structural, mechanical, electrical and plumbing work; and a plot plan drawn to scale showing location, size, shape and dimensions of property, setbacks from property lines, size of existing and proposed building and/or additions.

The approved copy of plans must be kept on the job at all times, until a Certificate of Occupancy/Completion has been issued, and must be available to the Superintendent of Buildings for inspections. The Building Permit must be displayed at all times.

The applicant agrees to comply with all provisions of the Code of the Village of Baxter Estates and the International Building Code in effect as of this date. Work must be completed within one year from the date of permit issuance; or an extension must be obtained from the Building Department.

Address _____

Section _____ Block _____ Lot(s) _____ Building Zone _____

Description of Work _____

Estimated Cost of Construction \$ _____ Area of Work (Square Feet) _____

Current Building Area _____ Proposed Building Area _____

Variance(s) required _____

Name and address of owner _____ Telephone _____

_____ Email _____

Name and address of architect _____ Telephone _____

_____ Email _____

Name and address of contractor _____ Telephone _____

_____ Email _____

Contact Name _____ Mobile _____

Nassau County Home Improvement License No. _____

FOR BUILDING DEPARTMENT USE

FOR OFFICE USE

Permit No.

Permit Fee _____

Certificate Fee _____

Amount Received _____

Date _____

STATE OF NEW YORK)
COUNTY OF NASSAU)

_____ being duly sworn says that he/she is the owner/agent of the property above described. That all statements made in this application are true to the best of his/her knowledge and belief.

I, the undersigned am authorized to execute this affidavit as follows: () As sole owner of the above premises;
() Both on behalf of myself and on behalf of my spouse; () Principal of Corporation, Firm or Company of Partnership

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

(PRINT) Name of Applicant

Notary

Signature of Applicant

I hereby authorize the Superintendent, Building Inspector and/or Code Enforcement Official to enter upon and inspect my property and structure(s) on the property prior to the Building Department rendering a determination with regard to this Building Permit application, and as may be necessary to administer the permit during construction.

OWNER'S AUTHORIZATION

I, _____ owner of the above described premises, situated within the Incorporated Village of Baxter Estates, New York; hereby authorize _____

having a place of business at _____ to obtain a building permit and related permits in connection with the construction activities at the above referred location.

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

(PRINT) Name of Owner

Notary

Signature of Owner

As per Section 136-3 of the Code of the Village of Baxter Estates: "The erection, including excavating, demolition, alteration or repair, of any building" may ONLY occur between 8:30 a.m. and 6:00 p.m. on Monday through Friday, and 9:00 a.m. and 6:00 p.m. on Saturdays.

GENERAL CONTRACTOR'S AUTHORIZATION

STATE OF NEW YORK)
COUNTY OF NASSAU)

_____ being duly sworn says that he/she shall be the sole General Contractor of the construction project at the property above described and agrees to fully comply with all Village Laws, New York State Workers Compensation Insurance Laws and the International Building Codes; and further, shall be responsible for compliance by all subcontractors and construction workers at this property throughout the course of construction.

(PRINT) Name of General Contractor's Business

(PRINT) Name of General Contractor

That all statements made in this application are true to the best of his/her knowledge and belief.

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

Notary

Signature of Applicant

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO	YES
			<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
			<input type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		_____ acres		
b. Total acreage to be physically disturbed?		_____ acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ acres		
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		

VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org

**CONSTRUCTION PHASE MANDATORY REQUIREMENTS TO OBTAIN A
CERTIFICATE OF OCCUPANCY OR COMPLETION FOR THIS PERMIT
TO BE FILLED OUT BY BUILDING DEPARTMENT**

DATE _____ BUILDING PERMIT NUMBER _____
OWNER _____ ADDRESS _____
SECTION _____ BLOCK _____ LOT _____

REQUIRED SUBMISSIONS

_____ FINAL COST AFFIDAVIT
_____ FOUNDATION LOCATION SURVEY PRIOR TO FRAMING
_____ FINAL SURVEY
_____ NYBFU ELECTRICAL UNDERWRITERS CERTIFICATE
_____ PROFESSIONAL CERTIFICATION OF COMPLIANCE

INSPECTIONS

_____ SITE RUNOFF/EROSION CONTROL
_____ SUB GRADE SOIL CONDITIONS
_____ FOUNDATION
_____ WATERPROOFING
_____ UNDERGROUND AND UNDER SLAB PIPING
_____ ROUGH FRAMING
_____ ROUGH PLUMBING
_____ PLUMBING PRESSURE TEST
_____ INSULATION
_____ SANITARY SYSTEM
_____ STORM WATER AND ROOF DRAINAGE SYSTEMS
_____ FENCE
_____ FINAL UPON COMPLETION OF WORK PRIOR TO OCCUPANCY

NOTE: FAILURE TO REQUEST THE NECESSARY INSPECTIONS AT THE PROPER TIME MAY RESULT IN A REQUIREMENT THAT THE CONCEALED WORK IS REMOVED TO ALLOW FOR AN INSPECTION AND THAT THE BUILDING PERMIT IS REVOKED.

ADDITIONAL
CONDITIONS: _____

VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org

VILLAGE OF BAXTER ESTATES
HOMEOWNER AUTHORIZATION

I _____ hereby authorize the members of the Board of Zoning Appeals, the members of the Planning Board, the Village of Baxter Estates Superintendent of Buildings, and/or his/her designees, and the Village Attorney and his/her designees to enter upon and inspect my property described above prior to such Village Board rendering a determination with regard to the pending application to such Board relating to my property.

I understand that my permit will expire one (1) year after issuance if a permit extension is needed, it is my responsibility to request said extension 30 days prior to the permit expiration. I acknowledge that it is my responsibility to ensure the permit is properly closed out. I understand that a permit extension is valid for a nine (9) month period and cannot be renewed further. I understand that if more time is required to complete the work, that I will have to apply for a new permit.

Signature

OWNER _____

ADDRESS _____

PHONE Office _____ Fax _____

APPLICANT _____

ADDRESS _____

PHONE Office _____ Fax _____

ATTORNEY _____

ADDRESS _____

PHONE Office _____ Fax _____

ARCHITECT _____

ADDRESS _____

PHONE Office _____ Fax _____

**VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org**

**VILLAGE OF BAXTER ESTATES
AFFIDAVIT OF HOMEOWNER AS SELF-CONTRACTOR**

STATE OF NEW YORK)

: ss. :

COUNTY OF NASSAU)

_____ being duly sworn,
deposes and says:

I am the owner of the premises at _____, Port Washington,
New York 11050 also known on the Land and Tax Map of Nassau County as
Section _____, Block _____, Lot _____.

I have applied to the Village of Baxter Estates for a Building Permit to construct alterations to
the house on the said premises listed above.

The Building Department of the Village of Baxter Estates requires contractors submit proof of
Worker's Compensation Insurance as a condition of issuance of a building permit, unless the
homeowner is performing the work himself, or the contractor is self-employed and has no
employees, but is licensed by Nassau County.

The undersigned swears, affirms and represents that he is performing the work on the premises
for which the building permit is sought himself, and has no employees.

Signature

Sworn to before me this

_____ day of _____ 20_____

Notary Public

**VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org**

**VILLAGE OF BAXTER ESTATES
CONSTRUCTION SITE MAINTENANCE REGULATIONS AND GUIDELINES**

Suitable fencing, landscaping and/or other appropriate screening along the property line facing the road or along a contiguous property may be required in order to mitigate the impact of the construction site and activities upon neighboring properties, traffic, and roadways.

Dumpsters and other containers for rubble or debris must be covered at the end of each workday. (Must have an approved VBE Dumpster Permit.)

Rubble and debris must be removed from dumpsters or other similar containers at least once every 30 days.

All apparatus, materials, supplies, and equipment utilized at a construction site shall be stored and maintained in a neat and orderly fashion.

The construction site shall be cleaned frequently of all refuse, rubbish, scrap materials and debris caused by the construction site operation, so that the site shall always present a neat and orderly appearance.

All reasonable precautions and measures shall be taken to ensure that there is no run-off of water, sand, dirt or other materials onto roadways or adjoining properties.

With regard to silt fences, hay bales or other erosion-control substances, such structures shall be regularly maintained and inspected, and any sediment which may form behind such structures shall be removed on at least a weekly basis.

The construction, erection, demolition, alteration or repair of any building, is only permitted Monday to Friday from 8:30AM to 6:00PM, and on Saturday from 9:00AM to 6:00PM.

These regulations and guidelines are not intended to limit any conditions the Zoning Board of Appeals may impose and shall be construed to be in addition or complementary to any conditions imposed by the Zoning Board of Appeals in its granting of either a site plan approval or variance.



**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)

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOT(S)
CA # OR BLDG #
UNIT #
DATE

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 <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	NAME OF BUSINESS	
CITY, TOWN, VILLAGE		ZIP		CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS	
WORK MUST BEGIN BY				CITY, STATE, ZIP	
PERMIT EXP DATE	PRINCIPLE TYPE OF CONSTRUCTION		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	PHONE	
LOT SIZE S.F.	<input type="checkbox"/> STEEL	<input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME		EMAIL	
# BLDGS ON LOT					

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"/> FIRE DAMAGE	CENTRAL AIR	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	FINISHED ATTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	1/4 <input type="checkbox"/>	1/2 <input type="checkbox"/>
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION	3/4 <input type="checkbox"/>	FULL <input type="checkbox"/>
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT		
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL		
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHANGE IN USE		

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

**VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org**

**VILLAGE OF BAXTER ESTATES
PERMISSIBLE CONSTRUCTION HOURS**

Monday to Friday	8:30AM to 6:00PM
Saturday	9:00AM to 6:00PM

Per VBE Village Code Section 136-3(A)(6) Noise

The erection, including excavation, demolition, alteration or repair, of any building other than between 8:30am and 6:00pm on Mondays through Fridays and 9:00am and 6:00pm on Saturdays, except in cases of urgent necessity in the interest of public safety and then only with a permit from the Building Department, which permit may be renewed for a period of three days or less while the emergency continues.

VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org

VILLAGE OF BAXTER ESTATES
AFFIDAVIT OF FINAL COST OF CONSTRUCTION -
APPLICATION FOR CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF
COMPLETION

(Please submit two original notarized forms)

Application No. _____ Building Permit No. _____

Location Address _____

Section _____ Block _____ Lot _____

State of New York

ss.:

County of Nassau

_____ being duly sworn, deposes and says: that he or she is the applicant (or agent of the applicant) named in the Application for Building Permit dated _____ relating to construction or other work to be performed on, or in connection with, the premises located as indicated above: that the estimated cost stated in said application on the construction or other work described therein was _____ Dollars and _____ Cents (\$ _____).

Application is hereby made for the issuance of a Certificate of Occupancy or Completion. Applicant states that he has examined the approved plans and that to the best of his knowledge and belief, the structure has been erected in accordance therewith and in accordance with the applicable provision of law.

**VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.org**

Applicant further states that he/ she was the: (Note: Strike out items a, b, or c, not applicable)

- (a) Licensed Architect,
- (b) Professional Engineer, or
- (c) Superintendent of Construction who supervised the said construction or other work and that by reason of his experience he is qualified to supervise such work on the structure for which a Certificate of Occupancy is requested.

Sworn to be before me,

(Applicant or Agent)

this _____ day of _____ 20_____ Filed Cost of Construction \$ _____

Permit Fee Paid \$ _____

Notary Public

Additional Fee \$ _____

Costs of the construction work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost is less than the estimated cost stated in the Application for Building Permit, no portion of the fee paid upon the filing of the application will be refunded.

Note. This application must be accompanied by a final survey prepared by a licensed surveyor showing meets and bound of plot and locations of structures on plot.

DANGER!

CARBON MONOXIDE (CO) POISONING



**CAN'T BE
SEEN**



**CAN'T BE
SMELLED**



**CAN'T BE
HEARD**



**CAN BE
STOPPED**

Carbon monoxide (CO) is an odorless, colorless gas that kills without warning. It claims the lives of hundreds of people every year and makes thousands more ill. Many household items including gas- and oil-burning furnaces, portable generators, and charcoal grills produce this poison gas. Following these important steps can keep your family safe.

CO DETECTORS

- Install battery-operated or battery back-up CO detectors near every sleeping area in your home.
- Check CO detectors regularly to be sure they are functioning properly.

OIL & GAS FURNACES

- Have your furnace inspected every year.


PORTABLE GENERATORS

- Never use a generator inside your home or garage, even if doors and windows are open.
- Only use generators outside, more than 20 feet away from your home, doors, and windows.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

PROTECT YOUR FAMILY



Excavator Beware

Dig safely around natural gas lines

Call 811 before you dig or pave.

Whether you operate heavy equipment or use handheld tools, when you dig, you risk contacting natural gas pipelines. Use these tips to stay safe:

- **Notify 811 at least two days in advance** of digging, paving or moving earth in any way – even for small jobs.
- **Respect the locate marks** and follow them when digging.
- **Dig with care** in the vicinity of underground natural gas pipelines.
- **If you find an unmarked or mismarked line**, stop digging and notify 811.
- **Report any suspicious activity near a natural gas pipeline marker.**
Don't rely on your nose alone. Be alert for the many warning signs of a natural gas leak.
- **Know what to do** if your equipment contacts a natural gas pipeline.

To report a gas emergency for Long Island and the Rockaways, call 911 and National Grid at **1-800-490-0045** immediately.

For additional safety information and materials, visit ngridssafety.com and connect with us on



Know what's **below.**
811 before you dig.

nationalgrid

Planning To Dig Or Pave? Call 8-1-1 Before You Dig!



Know what's below.
Call before you dig.

It's **YOUR** responsibility to call **811** to protect yourself, your property, and your community from damage, injury, and utility outages.

Even if you've hired a contractor, remember to call **811** or visit **NewYork-811.com** – it's the law and it's **FREE**.

Steps to Take:

1. Call **811** at least 2 days (not including the day you call) in advance of digging or paving
2. Wait for confirmation that **ALL** utilities to locate have been marked before you dig
3. Once all utilities have been located and marked, you can begin your project

Risks if You Don't Call:

- Significant property or personal damage/injury
- Damage to underground infrastructure - leaving the community without essential utilities resulting in costly property or environmental damage

Fines & Penalties:

Failure to comply with any provision of this law shall be subject to a \$2,500 fine for the first violation and up to an additional \$10,000 for each succeeding violation that occurs within a 12-month period.