

Fee: \$250

Receipt #

Date#

CESSPOOL/SEWAGE DISPOSAL/DRAINAGE SYSTEM PERMIT APPLICATION

All applications for Sewage Disposal Systems must be accompanied with three (3) surveys, two (2) showing location of new or existing work in relation to exterior walls of building, property lines and all other sewage disposal structures.

Leaching pools shall be constructed of pre-fabricated concrete cylinders with pre-cast cone or slab tops, or standard 8-inch interlocking cement drainage blocks. If built of blocks, the walls or sides of the excavation must at all times during the progress of the work, be adequately shored and braced. Upper part of block pools shall be of solid dome construction laid up with Portland cement (1 part cement, 2 parts sand). All leaching pools shall be provided with solid removable cover of cement or stone. Outside walls of leaching pools shall have at least 12 inches backfill of clean sand, coarse gravel or broken stone. Cover to be not more than 2 feet below finished grade. Leaching pools shall not be less than 8 feet in diameter and shall be located at least 20 feet away from walls of any dwelling. Extra heavy cast iron pipe with caulked joints must be run 10 feet outside of the walls of the building and can then be connected to pipe approved by the Building Inspector.

Septic tanks are to be set approximately 2 feet below grade and line from house drain to a septic tank is to be of extra heavy C.I. Pipe with lead and oakum joints. Line from septic tank to leaching pool to be of Transite, plastic or similar root excluding pipe and its joints. Where soil and drainage conditions preclude the proper functioning of leaching pools, effluent from septic tanks is to be drained into the upper layers of soil by means of a drain tile field approved by the Building Inspector. It shall be unlawful to permit anyone to enter any excavation of over 5 feet in depth that is not adequately shored or curbed to provide safety from cave-in.

All excavations below 5 feet in depth must be shored. **YOU MUST COMPLY WITH ALL OSHA REQUIREMENTS.**

***SPECIAL NOTE: The Building Inspector MUST be notified immediately before work starts and for a Final Inspection before backfilling. Call Village Hall 516-482-8283 for an appointment.**

Location _____ Section _____ Block _____ Lot _____

Owners Name _____

Owners Address _____

Owners Home Phone# _____ Business# _____ 24Hr Emergency _____

Contractor's Name _____

Contractor's Address _____

Contractor's Telephone# _____ 24 HR Emergency# _____

Contractors are required to Provide: Liability, Disability, and Workers' Comp (Village of Great Neck Estates must be listed as the Certificate Holder) and a Nassau County License

TYPE OF INSTALLATION

Septic Tank _____ Drain Field _____ Leaching Pool _____

If Leaching Pool: Width _____ Depth _____

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS 'A' MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION

All Owners must sign either as owner or applicant

State of New York)

SS:

County of Nassau)

(I)(We), _____ being duly sworn, state:

Print Owner(s) Name

Complete Items #1 and #2 if applicable

(1) (I am) (We are) the owner(s) of the property described in this application known as

_____, and described on the Nassau County
Address

Land and Tax Map as Section _____, Block _____, Lot(s)_____.

(I) (We) hereby authorize _____ to submit

Applicant

this application.

Signature of Owner

Signature of Owner

Sworn to before me this ____ day
of _____ 20 ____.

Notary Public

Signature of Applicant

Sworn to before me this ____ day
of _____ 20 ____.

Notary Public

**FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS ‘A’ MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

Machinery Operation Compliance Agreement

Section 154-2(A) of the Code of the Village of Great Neck Estates states that no person shall cause the operation of any machinery, drills power saws or other equipment between the hours of 9:00 PM and 8:00 AM on the following day, or at any time on Sundays or holidays, if such operation causes the emission of noise audible beyond the boundary of the property on which the machinery or equipment is located.

I, the undersigned, have read, understand and will comply with the aforementioned section of the Village Code.

Print Name

Company/Title

Signature

Date



**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)

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: OWNER OR LESSEE NAME OF BUSINESS: _____

CITY, TOWN, VILLAGE: _____ ZIP: _____ CONTACT PERSON/OWNER: _____

ESTIMATED COST OF CONSTRUCTION: _____ ADDRESS: _____
CITY, STATE, ZIP: _____

WORK MUST BEGIN BY: _____ PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME
PHONE: _____
PERMIT EXP DATE: _____ EMAIL: _____

LOT SIZE S.F.: _____ # BLDGS ON LOT: _____
**IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

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

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 NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

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

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

VILLAGE OF GREAT NECK ESTATES

4 Gateway Drive, Great Neck, NY 11021

516-482-8283

Fax: 516-482-5572

INSURANCE & LICENSE REQUIREMENTS

GENERAL CONTRACTORS:

- **General Liability Certificate** (Acord Form)
 - ✓ Village of Great Neck Estates must be listed as the Certificate Holder & as Additionally Insured
 - ✓ Address of Job must also be listed on certificate
- **Additional Insured Endorsement Form**
 - ✓ ISO Form CG 20 12
- **Disability Insurance** (DB120 form)
- **Workers' Compensation** (C105.2 form)
- **Nassau County Home Improvement License**

**Note: For Workers' Comp & Disability Exemption use form CE-200*

PLUMBER:

- Village of Great Neck Estates Plumber's License - \$50/year
Submit copy of current Master Plumber's License &
Liability, Disability & Workers' Comp Insurances as indicated above

ELECTRICIAN:

- Village of Great Neck Estates Electrician's License - \$50/year
Submit copy of current Master License &
Liability, Disability & Workers' Comp Insurances as indicated above

ELECTRICAL INSPECTION SERVICES

Certified Electrical Inspections Inc.
188 Park Ave
Amityville NY 11701
1-888-238-1338
1-631-598-5610

Electrical Inspectors Inc.
308 East Meadow Ave
East Meadow NY 11554
516-794-0400

Suffolk Bureau of Electrical Inspectors Inc
40 Nottingham Drive
Middle Island, NY 11953 11953
631-495-8136
3/10/14

Electrical Inspection Service Inc.
375 Dunton Avenue
East Patchogue, NY 11772
631-286-6642
6/13/11

Alliance Electrical Inspections Ltd
707 Hyman Avenue
West Islip, NY 11795
516-248-0820/631-539-6055
6/13/11

Long Island Electrical Inspectors, Inc.
21 Third Avenue
Bayshore, NY 11706
631-708-6690
7/8/13

***The above electrical inspection companies are the only electrical inspectors authorized by the Village of Great Neck Estates Board of Trustees.**