



Inc. Village of Woodsburgh
30 Piermont Ave · Hewlett · NY · 11557
Tel· (516) 295-1400 · Fax · (516) 295-1406

Permit Application Requirements

**All applications and plans must be submitted by PDF as well to
WdsVillageHall@optimum.net**

- ❖ Completed permit application form
- ❖ Application Fee: \$200.00 (non-refundable)
- ❖ Two (2) sets of signed and sealed plans by a NYS licensed Architect or Engineer – Plans must include:
 - All plans are to be fully architectural & structural drawings to a scale of at least ¼ inch to a foot
 - Plot plan indicating all setbacks from existing and proposed structures and accessory structures.
 - Zoning calculations and Drainage calculations existing and proposed on first page.
 - Current date
 - Elevation drawings including heights and height/setback ratios as well as a cross section.
- ❖ Copy of the most up to date survey
- ❖ Completed Short Environmental Assessment Form
- ❖ If the property is located in a flood zone an Elevation Certificate is required

Additional Information

- ❖ Separate applications are required for any plumbing, gas work, A/C, Generator, fences, demolition, paving and pools.
- ❖ All contractors must submit a copy of their **Nassau County Consumer's Affairs license** and **General liability insurance** with the village of Woodsburgh as the certificate holder as well as additionally insured and **Worker's compensation**.
- ❖ Applications will be reviewed upon the submission of all required items

NO WORK SHALL BEGIN UNTIL A PERMIT HAS BEEN ISSUED



The Village of Woodburgh
OWNERS ACKNOWLEDGEMENT AFFIDAVIT

I, _____ being duly sworn, depose and say that I am the owner of _____, and that I have authorized the work to be performed at my property by _____ (Contractor).

I have read and understand the responsibilities stated below as the homeowner and person responsible while work is being performed on my property. I have familiarized myself with the conditions set forth for the issuance of the building permit as well as the Code of the Village of Woodburgh including but not limited to:

1. The Building Permit is valid for one (1) year from the date of issuance stated on the permit. If for any reason the work is not completed before the expiration date, you must obtain a six (6) month extension by submitting a request along with the fee that is due prior to the expiration date.
2. In order to obtain a Certificate of Occupancy or Completion the required documents must be submitted. (Electrical Certificate, Final Survey, any related documents required by the Building Inspector) and ALL inspections must be completed. The **homeowner** is responsible for all open permits.
3. Hours work can be done:
 - a. Monday through Friday – 8:00am to 6:00pm
 - b. Saturday- 9:00am to 5:00pm
 - c. Sundays and Legal holidays – NO WORK
4. The property must be kept clean and in safe condition at all times during construction.
5. Any and all changes to the approved plans must be submitted to the Building Department and approved by the Inspector.
6. Make sure your contractor has their vehicles parked legally along the street if they cannot park in your driveway.

I make this affidavit with the full knowledge that the Building Department relies upon the truth of the statements herein contained and in relying thereon will issue a permit called for in the application.

(Property Owner’s Signature)

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

(Notary’s Signature)

Notary Stamp:



Incorporated Village of Woodburgh

30 Piermont Ave Hewlett, NY 11557
516-295-1400 • Villages3@optimum.net

Office Use Only

App Fee: _____
App#: _____
Permit #: _____
Date Issued: _____
Permit Fee: _____
Certificate Fee: _____
Total: _____

Owner: _____
Property Address: _____ SBL: _____
Email: _____ Tel #: _____
Mailing Address (if different from property): _____

Residential Zone: _____ Lot Size: _____

- New Building Alterations Addition(s) Pool Fence
- Demolition Interior Demo Paving/Surface change Other _____

Estimated Cost of Construction: \$ _____

Description of work being performed: _____

Architect / Engineer's name: _____

Address: _____

Email: _____ Tel #: _____

Contractor name: _____

Address: _____

Email: _____ Tel #: _____

Plumber: _____

Address: _____

Email: _____ Tel #: _____

Affidavit of Owner / Applicant

State of NY
County of Nassau SS:

I _____ being duly sworn, deposes and says; that all work being done on the premises in accordance with the statement in writing, and the plans of such proposed work is duly authorized by

Signature



Sworn To before me this
_____ day of _____, 20____

Notary Public

Approval

Permission as required by the Building Code of Woodburgh to perform the work as described in the within statement and the attached plans and specifications, which are part hereof, is granted.

Examined & recommended for approval on _____, 20____

Building Inspector



**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	NAME OF BUSINESS
---------------------	-----------	------------------

CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
---------------------	-----	--	----------------------

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	<p align="center">IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</p>
# 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"/> 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 _____	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"/>
<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	

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

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