

Building Department
Incorporated Village of Lynbrook
One Columbus Drive
Lynbrook, NY 11563
(516) 599-8828

The following information **MUST** be submitted before the Building Permit Application is deemed complete.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- Building Permit Application completed in full **WITH** notarized signature of Homeowner, and contact information
 - **All Commercial Building Permit applications must complete the Code Data Worksheet**
- Completed Nassau County Assessment form with signature
- **\$75** Nonrefundable Application Fee
- **TWO** sets of Architectural or Engineer's Drawings including all zoning setbacks noted on front page (**all plans must be stamped and signed**)
 - **Digital set of architectural plans and/or engineers' drawings must be submitted to planssubmittals@lynbrookvillage.com**
 - Design must comply with all applicable N.Y.S. Construction Codes.
- **TWO** copies of Property Survey
- Plumbing Permit Application **WITH** Homeowner signature and contact information. **Plumber must be licensed with the Village of Lynbrook.**
- Mechanical Permit Application **WITH** Homeowner signature and contact information.
- **THIRD PARTY INSPECTION APPLICATION** from the Electrician. **Electrician must be licensed with the Village of Lynbrook**
- Copies of **Updated** insurances for Plumber/Electrician/Contractor
 - Worker's Compensation
 - General Liability Certificate
- Copy of Contractor's Nassau County Consumer Affair's License

ATTENTION SOLAR PANEL COMPANIES

- (Note: Must comply with all applicable code requirements)
- You must include two (2) renderings that depict proposed solar panels on the building or structure. Solar companies must provide clear, color renderings of the panels superimposed on the roof along with both aerial and street view (front, side, etc.). If the panels cannot be seen from the street; please state on renderings. In addition, renderings must be emailed to jwiater@lynbrookvillage.com at the time of submittal to the Building Department, with the address of the property in the subject line. Please note that the homeowner must attend the Architectural Review Board meetings as well.

****You will not be on the agenda until conditions are met.****

Building Permit Applications (2 copies) & Nassau County Assessment Forms must be printed on legal size paper (8.5 X 14). Building Permit Applications and Nassau County Assessment forms submitted on 8.5 x 11 paper will not be accepted.

Additional information regarding permit submittals can be found on the Village Website at
<https://www.lynbrookvillage.net/forms-documents/>

**BUILDING DEPARTMENT - INC. VILLAGE OF LYNBROOK
BUILDING PERMIT APPLICATION**

Permit No. _____	CC/CO: # _____	Application # _____
Bldg. App. Fee: \$ _____		Permit Fee: \$ _____
IMPORTANT: MUST BE TYPEWRITTEN OR PRINTED LEGIBLY		
Number & Street _____	Zone _____	Sec. _____ Block _____ Lot _____

I. TYPE AND COST OF BUILDING - ALL APPLICANTS COMPLETE PARTS A THROUGH C.

A. TYPE OF IMPROVEMENT

1. ☐ New Building/Structure
2. ☐ Addition (if residential enter # of new housing units
Added, if any, in Part B.)
3. ☐ Alteration (See 2 above)
4. ☐ Use
5. ☐ Other _____

WORK PROPOSED - Describe in detail use of building & work proposed. If use of existing building is being changed, enter proposed use. _____

C. COST

Cost of Improvement \$ _____

The following to be installed
but not included in above cost:

Electrical \$ _____

Plumbing \$ _____

Heating/Air. Cond. \$ _____

Sprinkler \$ _____

Other (elevator, etc.) \$ _____

TOTAL COST OF IMPROVEMENT \$ _____

ADJUSTED COST \$ _____

B. PROPOSED USE

Residential

Exist. Proposed

- | | | |
|--------------------------|--------------------------|---------------------------------------|
| ☐ | ☐ | One Family |
| ☐ | ☐ | Two or More Family ___ # of Units ___ |
| ☐ | ☐ | Garage |
| ☐ | ☐ | Other (Specify) _____ |

Non-Residential

Exist. Proposed

- | | | |
|--------------------------|--------------------------|-------------------------|
| ☐ | ☐ | Amusement/Recreational |
| ☐ | ☐ | Church/Other Religious |
| ☐ | ☐ | Industrial |
| ☐ | ☐ | Hospital/Nursing Home |
| ☐ | ☐ | Office/Bank/Prof. Bldg. |
| ☐ | ☐ | Public Utility |
| ☐ | ☐ | Stores/Mercantile |
| ☐ | ☐ | Educational |
| ☐ | ☐ | Tanks/Towers/Antennas |
| ☐ | ☐ | Other _____ |

Plumber's Name _____ Phone # _____

Electrician's Name _____ Phone # _____

NOTE: The plumber/electrician must be licensed with the Village of Lynbrook. You must supply the name of the Individual, NOT THE COMPANY NAME.

II. SELECTED CHARACTERISTICS OF BUILDING

D. PRINCIPAL TYPE OF CONSTRUCTION

Exist. Proposed

- | | | |
|--------------------------|--------------------------|----------------------------------|
| ☐ | ☐ | Wood Frame |
| ☐ | ☐ | Ordinary Construction |
| ☐ | ☐ | Masonry Walls, Wood Floor & Roof |
| ☐ | ☐ | Heavy Timber |
| ☐ | ☐ | Noncombustible |
| ☐ | ☐ | Fire Resistive |

E. PRINCIPAL TYPE OF HEATING FUEL

- ☐ Gas ☐ Electricity
- ☐ Oil ☐ Coal
- Other (Specify) _____

F. FLOOR LOAD

Floor Load _____ PSF

Occupancy Load _____

G. DIMENSIONS OF LOT _____ x _____

Number of Stories _____

Total sq. ft. of floor area, all floors, based on exterior dimensions (excluding basement or cellar) _____

Total Land Area _____ Sq. Ft.

H. NUMBER OF OFF STREET PARKING SPACE

Enclosed _____ Outdoors _____

I. RESIDENTIAL BUILDINGS ONLY

Number of Bedrooms _____

Percent of lot occupied _____ %

Number of Bathrooms (Full) _____

Number of Bathrooms (partial) _____

III. IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS

NAME	ADDRESS (No., Street, City & State)	ZIP CODE	TEL. NO.
ARCH/ENG.			
OWNER			
CONTRACTOR			

Contractor must submit liability insurance and worker's compensation insurance certificates with the Village of Lynbrook as the Certificate Holder. If the contractor does not employ anyone, then an affidavit (C-105.21) from the Worker's Compensation Board must be submitted. If the homeowner is doing the work then an affidavit is to be submitted.

THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE INCORPORATED VILLAGE OF LYNBROOK.

_____, being duly sworn
deposes and says that he is authorized to make this application and perform the work described, herein, and that all statements contained herein are true to the best of his knowledge and belief.

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

Notary Public

Owner's Signature _____

Telephone No. _____

Applicant's Signature _____

Address _____

Village/Town/City _____ Tel. No. _____

 BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT NASSAU COUNTY 240 Old Country Road, Mineola, NY 11501 TOWN - CITY - VILLAGE OF: <u>Inc. Village of Lynbrook</u>					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	☐ OWNER OR ☐ LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:					ADDRESS	
					CITY, STATE, ZIP	
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION			PHONE	
PERMIT EXP DATE		☐ STEEL			EMAIL	
LOT SIZE S.F.		☐ MASONRY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
# BLDGS ON LOT		☐ FRAME				
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	
☐ NEW BUILDING ☐ ADDITION (CHANGE IN S.F.) ☐ DEMOLITION ☐ ALTERATION (NO CHANGE IN S.F.) ☐ MAINTAIN (PRE-EXISTING) ☐ RECONSTRUCTION ☐ DECK, TERRACE, PORCH, CARPORT ☐ DORMERS ☐ OTHER _____ ☐ FIRE DAMAGE ☐ GARAGE/ OUT BUILDING ☐ HVAC ☐ PLUMBING ☐ RELOCATION ☐ REPLACEMENT ☐ SWIMMING POOL ☐ TENNIS COURT ☐ CHANGE IN USE					CENTRAL AIR YES ☐ NO ☐	
					FINISHED ATTIC YES ☐ NO ☐	
					BASEMENT FINISH	
					1/4 ☐ 1/2 ☐ 3/4 ☐ FULL ☐	
PROPOSED TOTAL PLUMBING FIXTURES						
FLOOR/FIXTURE	BASEMENT		1ST FLOOR		2ND 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		
FIELD REPORT ON REVERSE				Telephone		