

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 Affairs 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 ghatton@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

Application # _____

Application Fee: \$ _____

Permit No. _____

CO/CC# _____

Permit Fee: \$ _____

Property Address: _____ Zone: _____ Sec: _____ Block: _____ Lot: _____

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

A. Type of Improvement

I. 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

Electrical: \$ _____
Plumbing: \$ _____
Materials: \$ _____
Labor: \$ _____
Total Cost of Improvement: \$ _____

Cost must be accurate or application will not be reviewed.

B. Proposed Use

Residential
Existing. Proposed
 One Family
 Two Family
 Multi Family - Number of Units _____
 Garage
 Other (Specify) _____

Commercial

Existing Use _____
Proposed Use _____

II. SELECTED CHARACTERISTICS OF BUILDING

D. All Principal Type of Construction must be listed on the Architectural Drawings.
E. All Zoning Data must be provided on the Architectural Drawings.
F. Commercial applications must include Code Data Worksheet.

Note: The plumber and/or electrician must be licensed with the Village of Lynbrook. You must supply the name of the individual, not the company name.

Electricians must include 3rd party inspection application with submission.

III. IDENTIFICATION - *ALL FIELDS MUST BE COMPLETED BY ALL APPLICANTS

Architect/Engineer: _____

*Name _____ *Address _____

*Phone Number _____ *Email _____

Property Owner: _____

*Name _____ *Address _____

*Phone Number _____ *Email _____

Contractor: _____

*Name _____ *Address _____

*Phone Number _____ *Email _____

Contractor must submit Nassau County Consumer Affairs License, Liability insurance and Worker's Compensation insurance certificates with the Inc. 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.

Property must be owner occupied for homeowner to act as contractor.

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

PROPERTY OWNER'S SIGNATURE MUST BE NOTARIZED

, being duly sworn

deposes and says that they are 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.

Owner's Name (Printed) _____

Applicant's Name (Printed) _____

Owner's Signature _____

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

Applicant's Signature _____

Notary Public _____



**BUILDING PERMIT
COMMERCIAL OR MIXED USE PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**
240 Old Country Road, Mineoloa, NY 11501

Town, City, Village of: Inc. Village of Lynbrook

DATE REC'D (Assessor or Use Only)

SECTION	BLOCK	LOT (S)	SCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION
Location of Building	N.E.S.W SIDE OF (OR CORNER OR)			N.E.S.W SIDE OF	
ADDRESS OF PROPERTY				Check one	NAME OF BUSINESS
				<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON ADDRESS CITY, STATE, ZIP
ESTIMATED COST OF CONSTRUCTION					
DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION				PHONE
DATE TO COMPLETE	<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER				EMAIL
LOT SIZE S.F.					
# BLDGS ON LOT					
If you wish to group or apportion lots, please call 516-571-1500 for more information					

DESCRIPTION OF WORK - IN DETAIL (PLEASE PRINT CLEARLY)

NEW BUILDING
 ADDITION (CHANGE IN S.F.)
 DEMOLITION
 ALTERATION (NO CHANGE IN S.F.)
 OTHER (Describe) _____
 FAÇADE
 BASEMENT RENOVATION/ALTERATION
 HVAC
 ROOF
 PLUMBING

	SIZE	QUANTITY
<input type="checkbox"/> ELEVATORS	_____	_____
<input type="checkbox"/> SPRINKLERS	_____	_____
<input type="checkbox"/> SOLAR	_____	_____
<input type="checkbox"/> ANTENNA	_____	_____
<input type="checkbox"/> BILLBOARD	_____	_____
<input type="checkbox"/> SATELLITE DISH	_____	_____

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BMST				
1ST				
1ST addnt use	_____	_____	_____	_____
2ND	_____	_____	_____	_____
UPPER FLOORS	_____	_____	_____	_____
TOTAL FLOORS	_____	_____	_____	_____
List additional use in comments section				
Residential Use				
CO-OP	<input type="checkbox"/>			
CONDO	<input type="checkbox"/>			
RENTAL	<input type="checkbox"/>			
Studio	Existing	Existing	Proposed	Proposed
	# Units	sq. Feet	# Units	sq. Feet
1BDRM	_____	_____	_____	_____
2BDRM	_____	_____	_____	_____
3BDRM	_____	_____	_____	_____
4BDRM	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
Describe				

COMMENTS

Approved By _____

Date of Granting of Permit _____

**SEPARATE APPLICATION SHALL BE
MADE FOR EACH BUILDING**

Signature of Applicant/Contact Person

FIELD REPORT ON REVERSE

Please Print Name

Tele #

Township

School District

Section

Block

Lot(s)

Date

IN ORDER TO PROCESS YOUR APPLICATION THIS WORKSHEET MUST BE FULLY COMPLETED WITH ACTUAL DATA

**INC. VILLAGE OF LYNBROOK
CODE DATA WORKSHEET**

DATE: _____

APPLICATION NO: _____

PROPOSED TENANCY: _____ SQ FT : _____

PRIOR TENANCY: _____ SQ FT : _____

DESIGN PROFESSIONAL (RA/PE):

PHONE: _____ CELL PHONE: _____

FAX: _____ EMAIL: _____

TYPE OF WORK: PROPOSED NEW CONSTRUCTION
 MAINTAIN EXISTING CONDITIONS
YEAR OF CONSTRUCTION _____

2020 BUILDING CODE OF NEW YORK STATE
2020 RESIDENTIAL CODE OF NEW YORK STATE
2020 EXISTING BUILDING CODE OF NEW YORK STATE
2020 FIRE CODE OF NEW YORK STATE
2020 PLUMBING CODE OF NEW YORK STATE
2020 MECHANICAL CODE OF NEW YORK STATE
2020 FUEL GAS CODE OF NEW YORK STATE
2020 PROPERTY MAINTENANCE CODE OF NEW YORK STATE

2020 ENERGY CONSERVATION CONSTRUCTION CODE
OF NEW YORK STATE
ANSI/ASHRAE/IES STANDARD ASHRAE90.1-2016 (I-P
EDITION)

2020 INTERNATIONAL BUILDING CODE COMPLIANCE METHOD:

PRESCRIPTIVE
 PERFORMANCE
 WORK AREA

TYPE OF WORK:

<input type="checkbox"/> REPAIRS (401)	<input type="checkbox"/> ALTERATIONS – LEVEL 1 (701)	<input type="checkbox"/> ALTERATIONS – LEVEL 2 (801)
<input type="checkbox"/> ALTERATIONS – LEVEL 3 (901)	<input type="checkbox"/> CHANGE OF OCCUPANCY (1001)	<input type="checkbox"/> ADDITIONS (1101)
<input type="checkbox"/> HISTORIC BUILDINGS (1201)	<input type="checkbox"/> RELOCATED STRUCTURES (1401)	

ACTUAL CODE DATA MUST BE PROVIDED WHERE APPLICABLE
CALCULATIONS MUST BE PROVIDED ON LINES 3, 4, 5.1 & 5.2

LEGEND: R – REQUIRED NR – NOT REQUIRED NS – NOT SHOWN ON DRAWINGS NC – NON-CONFORMING

NO.	TOPIC	CODE SECTION	REQUIRED/ ALLOWED BY CODE	ACTUAL PROPOSED/ MAINTAINED
1.0	USE & OCCUPANCY CLASSIFICATION PROPOSED/EXISTING	302.1		
1.1	MIXED OCCUPANCIES – NON-SEPARATED OR SEPARATED USES	504.2		
2.0	TYPE AND SUBTYPE OF CONSTRUCTION	601		
2.1	FIRE RESISTANCE RATING REQUIREMENTS FOR BUILDING ELEMENTS (HOURS)	TABLE 601		
2.2	FIRE RESISTANCE RATING REQUIREMENTS FOR EXTERNAL WALLS	TABLE 602		
3.0	GENERAL HEIGHT AND BUILDING AREAS	CHAPTER 5		
3.1	HEIGHT (FT)	TABLE 504.3		
3.2	NUMBER OF STORIES	TABLE 504.4		
3.3	FLOOR AREA (SQ FT PER FLOOR)	TABLE 506.2		
3.4	UNLIMITED AREA BUILDINGS	507		
4.0	FIRE PROTECTION SYSTEMS	CHAPTER 9		
4.1	AUTOMATIC SPRINKLER SYSTEM	903 (B) (F)		
4.2	PORTABLE FIRE EXTINGUISHERS (MUST SHOW LOCATIONS ON DRAWINGS)	906 (B) (F)		
4.3	FIRE ALARM AND DETECTION SYSTEM	907 (B) (F)		
4.3	CARBON MONOXIDE DETECTION SYSTEM	915 (B) (F)		
5.0	MEANS OF EGRESS	CHAPTER 10		
5.1	OCCUPANT LOAD	TABLE 1004.5		
5.2	MEANS OF EGRESS SIZING	TABLE 1005		
5.3	EXIT SIGN(S)	1013		
5.4	EGRESS ILLUMINATION (EMERGENCY LIGHTS)	1008		
5.5	STAIRWAYS/HANDRAILS/GUARDS	1011/1014/1015		
5.6	EXIT ACCESS SPACES WITH ONE MEANS OF EGRESS	1006.2 TABLE 1006.2.1		
5.7	EXIT ACCESS TRAVEL DISTANCE	TABLE 1017.2		
5.8	CORRIDOR WIDTH	1020.2		
5.9	CORRIDOR FIRE RESISTANCE RATING	TALE 1020.1		
5.10	DEAD ENDS	1020.4		
5.11	CORRIDOR CONTINUITY	1020.6		
5.12	EXISTING/MINIMUM NUMBER OF EXITS	1006		
5.13	MINIMUM NUMBER OF EXITS OR ACCESS TO EXITS PER STORY	TABLE 1006.3.1		
5.14	ENCLOSURES	1023.2		
5.15	EMERGENCY ESCAPE AND RESCUE	1030		

CODE DATA PAGE 2

NO.	TOPIC	CODE SECTION	REQUIRED/ ALLOWED BY CODE	ACTUAL PROPOSED/ MAINTAINED
6.0	ASSEMBLY	SECTION 1029		
6.1	MAIN EXIT/OTHER EXITS	1029.2/1029.3		
6.2	PANIC AND FIRE EXIT HARDWARE (IF REQUIRED MUST PROVIDE A DOOR SCHEDULE)	1010.1.10		
6.3	INTERIOR BALCONY AND GALLERY MEANS OF EGRESS	1029.5		
6.4	TRAVEL DISTANCE	1029.7		
6.5	COMMON PATH OF TRAVEL	1029.8		
6.6	REQUIRED AISLES	1018		
7.0	ACCESSIBILITY	CHAPTER 11		
7.1	REFERENCE STANDARD	ICC/ANSI-A-117.1-2009		
8.0	ENERGY CONSERVATION CONSTRUCTION CODE OF NEW YORK STATE ANSI/ASHRAE/IES STANDARD ASHRAE90.1-2016 (I-P EDITION)	ECCCNYS		
8.1	OR COMCHECK CERTIFICATES *MUST BE SIGNED AND SEALED DOWNLAD FREE SOFTWARE AT WWW.ENERGYCODE.GOV	ENVELOPE INTERIOR LIGHT EXTERIOR LIGHT MECHANICAL		
9.0	REQUIRED LIVE LOADS	TABLE 1607.1		
9.1	SNOW LOADS	FIGURE 1608.2	20 PSF	
10.0	PLUMBING REQUIRED NUMBER OF FIXTURES	CHAPTER 29 TABLE 2902.1		
11.0	HEAT/HVAC PRODUCING EQUIPMENT MUST SUBMIT STRUCTRUAL DIAGRAM / FRAMING PLAN	2020 MECH OF NEW YORK STATE		
11.1	NUMBER OF UNITS AND LOCATION – GAS POWERED			
11.2	NUMBER OF UNITS AND LOCATION – ELECTRIC POWERED			
12.0	SITE WORK *REFER TO TOB DEPT. OF P & D INDIVIDUAL BUILDING SITE PLAN RULES AND REGULATIONS DATE 02/03/2010			
12.1	LINEAR FEET OF CURBING			
12.2	SQUARE FEET OF CONCRETE/PAVER SIDEWALKS/CURB/RAMPS			
12.3	SQUARE YARDS OF ASPHALT PAVING			
12.4	CUBIC YARDS OF BASE			
12.5	NUMBER OF DRYWELLS/CATCH BASINS			
12.6	LINEAR FEET OF FENCE			
13.0	ALL OTHER APPLICABLE CODE(S) THAT APPLY TO THE SCOPE OF WORK BEING PERFORMED, i.e. ANY OTHER BUILDING CODES NASSAU COUNTY FIRE MARSHAL NASSAU COUNTY HEALTH DEPARTMENT CURB CUTS (CONTACT APPROPRIATE AGENCY – STATE, COUNTY OR TOWN) BACKFLOW PREVENTION SYSTEM (CONTACT APPROPRIATE AGENCY)			

THE ABOVE IS A SUMMARY OF THE BASIC CODE, WHICH APPLIES TO MANY COMMERCIAL BUILDING APPLICATIONS, IT IS NOT MEANT TO BE A COMPLETE OR COMPREHENSIVE LIST OF APPLICABLE BUILDING CODE REQUIREMENTS, WHICH MAY APPLY TO ANY PARTICULAR OR GIVEN SITUATION.

OFFICE USE ONLY
PLAN EXAMINER COMMENTS

ORIGINAL INKED SEAL AND SIGNATURE OF A
LICENSED PROFESSIONAL ENGINEER OR
REGISTERED ARCHITECT REQUIRED

PLAN EXAMINER: _____

DATE APPROVED: _____

DATE DENIED: _____