

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 [plansubmittals@lynbrookvillage.com](mailto:plansubmittals@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](mailto: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**

- 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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Proposed Use**

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

Commercial

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_

**C. Cost**

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

**Cost must be accurate or application will not be reviewed.**

**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.**

Plumber's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Electrician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**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  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: Inc. Village of Lynbrook

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:  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: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PERMIT EXP DATE: \_\_\_\_\_

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 _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> <b>BASEMENT FINISH</b> 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  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**