



(516) 627-3690

VILLAGE OF NORTH HILLS

Fax: (516-627-0703)

GENERATOR PERMIT REQUIREMENTS

To: _____

Address: _____

Sec. _____ Block _____ Permit # _____ For _____

Please submit items checked

1. Application for Building Permit (Form supplied by Village)
2. Survey by licensed land surveyor (locating proposed generator & setbacks)
3. Brochure of generator
4. Proof of Ownership of Property (Tax Bill or Deed)
5. Contractor's Insurance
Liability Insurance with Village of North Hills as additional insured
Workers compensation and disability
6. Bldg. Permit Fee _____ (Residential renovation- \$100.00 + 1% cost of construction)
7. Board of Assessors Form, Nassau County (Form supplied by Village)
8. Board of Managers Approval Letter (Homeowners Association Approval)
9. Application for Plumbing Permit (if gas powered generator- form supplied by Village)
10. Plumbing Permit Fee \$100.00 for gas units
11. Copy of Plumber & Electricians License & Insurance (Town of No. Hempstead or reciprocal; insurance same as #5)
12. OTHER:

Village of North Hills



Marvin Natiss
Mayor

Dennis Sgambati
Deputy Mayor

Elliott Arnold
Phyllis Lentini
Gail J. Cohen
Trustees

(516) 627-3451
Fax (516) 627-0703

Marianne C. Lobaccaro
Village Administrator

A. Thomas Levin
Village Attorney

Donald Alberto, R.A.
Superintendent of
Building Department

One Shelter Rock Road, North Hills, N.Y. 11576

www.villagenorthhills.com

APPLICATION TO AMEND BUILDING PERMIT

Date: _____ Original Building Permit # _____

Section _____ Block _____ Lot _____

Address of subject parcel _____

Owner/Address _____

Description of work under this amendment

Estimated Cost of Amendment _____

Name of original applicant

Signature of original applicant

For Village Use

Additional permit fee: _____

Approved: _____

VILLAGE OF NORTH HILLS
NASSAU COUNTY, NEW YORK

CERTIFICATION OF LICENSED PROFESSIONAL ENGINEER OR REGISTERED
ARCHITECT TO OVERSEE CONSTRUCTION

Section _____ Block _____ Lot _____ Application # _____ Date: _____

I, _____ hereby make the following certification:
Project Engineer/Architect

1. I shall assume full responsibility for the inspection of the construction work under the above application and shall insure compliance with the approved plans and with all applicable provisions of the Building Codes and Ordinances.
2. I, personally, or qualified personnel under my direct supervision and control, shall inspect all phases of the construction at the work site and, in addition, order and obtain such changes as may be required in the course of the work to meet the structural standards of the Village, report to the Building Inspector immediately any deviations from the approved plans and from the requirements of the Building Codes and comply with all applicable provisions of the Building Codes and Ordinances. In the event that I shall, for any reason, discontinue work on this building at any time prior to the completion, I shall immediately notify the Building Inspector of such fact in writing and stop all work pending a new affidavit.

(Signature and Seal of Supervising Engineer/Architect)

Notary

Authorization of Owner:

I hereby state I have authorized _____, the licensed
Professional engineer/architect, to perform the work specified herein.

(Signature of Owner or Officer of Corp.)

THIS PORTION TO BE COMPLETED ONLY IF PROFESSIONAL ENGINEER/ARCHITECT
OF RECORD IS NOT GOING TO CERTIFY AS TO SUPERVISION OF CONSTRUCTION

Professional Engineer/Architect of Record:

I hereby approve _____, the licensed professional engineer/architect engaged by the
owner, to inspect the construction as required by Ordinances and the Building Code for the structure specified
above.

Applicant _____ Signature _____
(Engineer/Architect of Record) (Seal)

Address _____



**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 _____ OWNER OR LESSEE 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
LOTS
CA # OR BLDG #
UNIT #
DATE