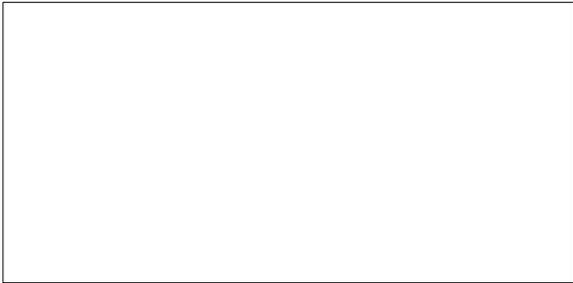




CITY OF GLEN COVE

Building Department

BUILDING PERMIT APPLICATION



For Building Department Use

The application process and Building Permit are subject to the conditions set forth below. When a red-inked approval stamp is affixed below and returned to you, then the application becomes a Building Permit. All permits issued by the Building Department are strictly subject to the Zoning Chapter 280 and, Chapter 111, Building Code of the City of Glen Cove and all current New York State Fire Codes and Construction Codes applicable on the date of the application. No error or omission in the issuance of a permit shall legalize any construction or use otherwise prohibited by law.

Provide with this application

- Two (2) sets of signed & sealed construction drawings by a Licensed Architect or Engineer
- An email with a PDF copy, a link to, or a thumb drive containing the Proposed Work in PDF Form.

1. **Property Information** SECTION _____ BLOCK _____ LOT(S) _____ ZONING DISTRICT _____

Property Address: _____

Owners Name: _____ Phone: _____

Owners Address: _____

Email: _____

2. Design Professional Information

Name: _____ Phone: _____ Email: _____

3. Contractor Information

Name: _____ Phone: _____ Email: _____

4. PROPOSED PROPERTY USE (Check all applicable categories)

- Single Family Dwelling
 Two Family Dwelling
 Multiple Dwelling
 Retail/Service Use
 Restaurant
 Other Commercial Use
 Industrial
 Manufacturing
 Accessory Structure
 OTHER

5. APPLICANT SEEKS PERMISSION FOR:

- New Freestanding Building
 Alteration to an Existing Building
 Additions
 Grading
 Elevators
 Solar
 Structural Work
 Mechanical Work
 Fire Suppression
 Site Work/Walls
 Roofing

DESCRIPTION OF CONSTRUCTION WORK TO BE PERFORMED:

6. **ESTIMATED COST OF PROPOSED CONSTRUCTION** (Indicate Formula Used): _____

7. Indicate Utility Meters proposed to be installed: ELECTRICAL GAS WATER

8. Is this property in a Flood Zone: YES NO

THE APPLICANT ACKNOWLEDGES AND REPRESENTS THAT HE GRANTS PERMISSION TO THE CITY OF GLEN COVE ON BEHALF OF THE PROPERTY OWNER TO INSPECT THE CONSTRUCTION SITE DURING THE PROCESSING OF THIS APPLICATION, DURING ACTUAL CONSTRUCTION, AND UPON COMPLETION OF CONSTRUCTION AT DAYLIGHT HOURS WITHOUT ADVANCED NOTICE.

AFFIDAVIT OF OWNERSHIP

State of New York
County of Nassau
ss:

I, _____ being duly sworn, deposes and says that: _____
(OWNER, AGENT, CONTRACTOR) (OWNER)

Is the owner in fee of the premises to which this application applies; the he/she (the applicant) is duly authorized to make this application; and that the statements contained here are true to the best of his/her knowledge and belief; and that the work will be performed in the manner set forth in this application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations.

Sworn to me this _____ day of 20____

Notary Public / Commissioner of Deeds

Signature of Applicant

BUILDING OWNER CERTIFICATION

I, _____, hereby certify that I have full knowledge of the proposed alteration at my property as described herein
(BUILDING OWNER)

and take no exception to such activity.

(SIGNATURE OF PROPERTY OWNER)

(PRINT NAME & TITLE)

PERMIT REQUIREMENT AGREEMENT

I, _____, understand and will comply with the following:
(PRINT NAME)

(Initial each requirement and sign)

- 1. Construction shall not begin until the appropriate permit is issued _____
- 2. Construction, alterations or repair work shall not start before 7:00am or continue past 6:00pm on weekdays _____
- 3. Construction, alterations or repairs shall not start before 9:00am or continue past 6:00pm on Saturdays. _____
- 4. Required erosion and sediment control methods will be installed and inspected prior to start of construction _____
- 5. Contractor is responsible to contact the Glen Cove Building Department for all mandatory inspections _____
- 6. Revision to the work involving structure of life safety systems shall have approved amended plans prior to doing work _____

I have read, initialed and fully understand the above requirements _____
(SIGNATURE)