

Town of North Hempstead

Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

www.northhempsteadny.gov

Maintenance of Existing Residential Structure(s)

- ___1. **Three (3) Copies of a Residential Building Application** - All information must be completed in its entirety, with a clear statement as to the scope of work being applied for.
- ___2. **Two (2) Site Plans** - Must show all existing and proposed work and must show all setbacks and dimensions of all existing structures and proposed construction.
- ___3. **Two (2) Copies of Owners Affirmation Form** – Both forms attached must be completed with original signatures of property owner (NO photocopies), and notarized. If the property is a form of corporation, note the position of who is signing on behalf of the corporate entity. In the case of a cooperative, a letter on the letterhead of the co-op board must give authorization for the work proposed.
- ___4. **One (1) Copy of Zoning Analysis Sheet** - The zoning analysis sheet must be completed in its entirety. If a section of the sheet is not applicable, then it must be marked as N/A. No blank spaces are acceptable. Any new construction that possibly impacts the required front yard (1st and/or 2nd floor) will need an Average Front Yard Setback analysis. Where there are 2 front property lines affected by the proposed construction, the analysis must be done for each front yard affected.
- ___5. **One (1) Certification letter** - by a NYS licensed architect or engineer that specifies the scope of work being maintained, and certifies that the construction meets the minimum standards of the New York State Uniform Fire Prevention and Building Code, with original seal and original signature.
- ___6. **Two (2) Sets of Construction Drawings** –Prepared by a NYS licensed architect or engineer, demonstrating compliance with the minimum standards of the New York State Uniform Fire Prevention and Building Code, with seal and original signature. Each sheet must be sealed and signed by the design professional.
- ___7. **Two (2) Copies of Updated Survey - Surveys must be complete, legible, full size and to scale.** Must be prepared by a licensed land surveyor and must show all existing conditions on and above the ground. It must have the original seal and original signature of a licensed surveyor, and it must be guaranteed or certified to the Town of North Hempstead. Required for all applications no matter what the scope of work, per §2-9.G of the town code.
- ___8. **Plumbing Permit Application(s)** - If applicable. Required to maintain and/or remove all plumbing fixtures, all gas or oil fired appliances, gas piping, sewer or septic systems, any air conditioning or heating equipment, drywells, fire sprinkler systems, fuel tanks, water main, etc. This can be done with our multipurpose plumbing form. Please note that a different plumbing application must be used each time a different contractor is used if additional work is required. The installation of a drywell(s) may be required per §70.202.2 of the Zoning Code.
 - To maintain oil-to-gas conversions or any gas appliances or gas piping, a plumber must be obtained and sign & notarize the plumbing application to legalize the gas work done and perform a gas pressure test. Oil-to-gas conversions will also need a tank removal form - please ask for one.

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- ___9. **Short Environmental Assessment Form** – Please complete only the first page (Part I) of the Short Environmental Assessment Form.
- ___10. **Electrical Underwriter’s Certificate** – To cover scope of work applied for. See attached list of accepted firms. Please submit the original certificate. Copies will not be accepted.
- ___11. **REScheck** - May be required if the maintained structure is conditioned for 4-season use and must meet today’s energy requirements. The REScheck form must have the original signature and seal of the design professional.
- ___12. **Fees** - Initial fees are required to be collected for each application. The total of all fees can usually be done with one check. To be on the safe side, please bring two checks in case an error occurs, or additional unanticipated costs are involved. At this time, the Town does not accept credit cards or amounts of cash over \$35. Please note that all Maintains are charged at four (4) times the normal fee based on Town Code.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR FILING

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Application No.: _____

Permit No.: _____

Certificate No.: _____

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Issued pursuant to §2.9 of the Code of the Town of North Hempstead

PLEASE FILL OUT IN TRIPLICATE COMPLETELY AND TYPE OR PRINT LEGIBLY

New Construction [] Addition or Renovation [] Maintain Existing Structure []

ADDRESS OF PERMIT ACTIVITY: _____

Section: _____ **Block:** _____ **Lot(s):** _____ **Zoning District:** _____

City: _____ **State:** NY **Zip:** _____

DESCRIPTION OF WORK: _____

PROPERTY OWNER'S CURRENT ADDRESS:

First Name: _____ Last Name: _____ License # _____

Business / Corp Name: _____

Current Home/Corp Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Bus / Home # _____ Fax # _____

APPLICANT:

First Name: _____ Last Name: _____ License # _____

Business / Corp Name: _____

Current Home/Corp Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Bus / Home # _____ Fax # _____

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ARCHITECT/ENGINEER:

First Name: _____ Last Name: _____ License # _____

Business / Corp Name: _____

Current Home/Corp Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Bus / Home # _____ Fax # _____

CONTRACTOR:

First Name: _____ Last Name: _____ License # _____

Business / Corp Name: _____

Current Home/Corp Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Bus / Home # _____ Fax # _____

ELECTRICIAN:

First Name: _____ Last Name: _____ License # _____

Business / Corp Name: _____

Current Home/Corp Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Bus / Home # _____ Fax # _____

PLUMBER:

First Name: _____ Last Name: _____ License # _____

Business / Corp Name: _____

Current Home/Corp Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Bus / Home # _____ Fax # _____

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APPLICATION No. _____

(For Official Use Only)

OWNER'S AFFIRMATION FORM

***** PLEASE READ CAREFULLY *****

[Required for submission with ALL Building Permit Applications.]

I (we) hereby certify that:

1. I (we) agree to permit the Building/Plumbing Inspector and any officer or employee of the Town of North Hempstead (Inspector) to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of the approved permit shall remain on the premises at all times until a Certificate of Occupancy / Completion / Approval / Existing Use is issued. These plans will be made available to the Inspector upon request. Should these plans not be available when the Inspector requests such plans, the inspector may stop work until the plans are made available.
3. Owner or his representative shall be responsible to arrange for all required inspections.
4. The Inspector shall be given a minimum **forty-eight (48) hours notice** to make the required inspection and no work shall continue without written authorization until such inspection has been completed and approved.
5. Owner or his representative shall be responsible for the presence of the appropriate to arrange for the required inspection as directed by the Building Inspector.
6. Permit shall expire three (3) months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner / applicant.
7. Work shall be permitted between the hours of 7:30 AM and 6:00 PM, Monday through Friday only.
8. Occupancy or Use of the premises without first obtaining all applicable Certificates of Occupancy, Completion or Approval is unlawful and may subject the owner of the premises to the penalties described in the Code of the Town of North Hempstead.

State of New York }
County of Nassau }

Please print - (property in name of): _____ depose and says that
he/she resides at (current mailing address) _____

_____ __ in that State of _____, that he/she
is the owner in fee of all certain lots, parcels of land shown on the attached survey Section: _____, Block: _____,
Lot(s): _____, situated, lying and being within the unincorporated area of the Town of North Hempstead; that I /
We have read and understand items one (1) through eight (8) as herein stated, recognize that I / We is or are responsible for
all activities occurring on the property, and that failure to comply with any of these items, notwithstanding any other items
defined in the Code of the Town of North Hempstead, may result in the temporary suspension or permanent revocation of the
permit(s) issued for construction on the premises in accordance with the Code of the Town of North Hempstead.

Signature of Owner: _____

Sworn to me this _____ day of _____ 20_____

Signature of Notary Public _____

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RESIDENTIAL ZONING ANALYSIS SHEET

(Required for submission with ALL Residential Permit Applications)

All spaces **MUST** be filled in. If not applicable to the application put N/A. Circle any proposed item which you have determined is not in compliance. Incomplete applications will not be accepted.

Section: _____ Block: _____ Lot(s): _____

Zoning District Classification:	_____	Total Lot Area:	_____ sq. ft.
Max. Permitted Coverage:	_____ sq. ft.	Proposed Coverage:	_____ sq. ft.
Max. Permitted Coverage %:	_____ %	Proposed Coverage %:	_____ %
Max Permitted Gross Floor Area:	_____ sq. ft.	Proposed Gross Floor Area:	_____ sq. ft.
Max. Permitted Gross Floor Area %:	_____ %	Proposed Gross Floor Area %:	_____ %
Front Yard Required:	_____ ft.	Front Yard Proposed:	_____ ft.
Front Yard Required (Corner Lot):	_____ ft.	Front Yard Proposed (Corner Lot):	_____ ft.
Avg. Front Yard	_____ ft.	Avg. Front Yard (Corner Lot):	_____ ft.
Min. Side Yard Required:	_____ ft.	Side Yard Proposed:	_____ ft.
Min. Side Yard Required:	_____ ft.	Side Yard Proposed:	_____ ft.
Aggregated Side Yard Required:	_____ ft.	Aggregate Side Yard Proposed:	_____ ft.
Rear Yard Required:	_____ ft.	Rear Yard Proposed:	_____ ft.
Max. Height to Ridge:	_____ ft.	Height to Ridge Proposed:	_____ ft.
Max. Height to Eaves:	_____ ft.	Height to Eaves Proposed:	_____ ft.
Max. Front Yard Paving:	_____ sq. ft.	Front Yard Paving Proposed:	_____ sq. ft.
Max. Rear Yard Coverage:	_____ sq. ft.	Rear Yard Coverage Proposed:	_____ sq. ft.
Preexisting Average Grade:	_____ ft.	Sky Exposure Plane Ratio Required:	_____:_____
Req. for Other Code: 70-_____	_____	Proposal for Other Code:	_____

(Any other zoning code which has been determined to be noncompliant)

ARCHITECT/ENGINEER: Business/Corporate Name: _____

Last: _____ First: _____ Middle Initial: _____ License #: _____

Street Address: _____ Phone #: () _____

City: _____ State: _____ Zip: _____ Fax #: () _____

By my stamp and signature I certify that I have read and understand the relevant sections of the Town of North Hempstead Zoning Code and that the information provided on this form is accurate and based upon Chapter 70 of the Town of North Hempstead Code. I understand that the Town of North Hempstead Building Department relies on the accuracy of this information in determining the zoning compliance of the subject application.

Signature: _____ Date: _____

Architect's / Engineer's
Stamp **MUST**
appear here

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Most Frequently Used Definitions

This list by no means is all inclusive and is merely intended as an aid to the Design Professional. The Design Profession bears the responsibility of reading and understanding all aspects of the Town of North Hempstead Zoning Code

LOT COVERAGE: The area of the maximum horizontal cross section of the buildings on the lot (this includes detached garages and any shed with an area of more than 100 square feet) , excluding cornices, eaves, gutters or chimneys projecting not more than 24 inches, steps, one-story open porches (or decks), bay windows extending not more than one story and projecting not more than five feet, balconies and terraces.

GROSS FLOOR AREA: See attached “Gross Floor Area” handout.

FRONT YARD: A yard across the full width of the lot extending from the front line of the building to the front line of the lot measured between the side property lines.

FRONT YARD (CORNER LOT): On a corner lot, a front yard shall be required on each street.

AVERAGE FRONT YARD: See attached “Average Front Yard Setback” handout.

SIDE YARD (INTERIOR LOT): There are two side yards, one on each side of the main building.

SIDE YARD (CORNER LOT): There is only one side yard. Said yard shall be on the side adjoining the interior lot opposite the front yard having the greater street frontage.

AGGREGATE SIDE YARD: The total width of both side yards. A corner lot does not have an aggregate side yard. The minimum aggregate side yard required for irregularly shaped properties is determined at the line of the front yard setback required.

REAR YARD (INTERIOR LOT): The yard opposite the front yard.

REAR YARD (CORNER LOT): The yard opposite the front yard having the narrower street frontage.

HEIGHT TO RIDGE: See attached “Preexisting Average Grade” handout.

HEIGHT TO EAVES: See attached “Preexisting Average Grade” handout.

FRONT YARD PAVING: The total of impervious material or paving in the front yard of the property.

REAR YARD COVERAGE: Accessory buildings and/or structures, except as otherwise provided, shall not occupy more than 40% of the area of the rear yard.

PREEXISTING AVERAGE GRADE: See attached “Preexisting Average Grade” handout.

SKY EXPOSURE PLANE: A theoretical inclined plane through which no portion of a building other than cornices or eaves projecting not more than 18 inches, gutters projecting not more than eight inches and chimneys may penetrate. It begins at a lot line and rises over the zoning lot at a ration of vertical distance to horizontal distance as set forth in the district regulations.

ATTIC: The space between the ceiling joists of the top story and the roof rafters. An attic shall not be used or occupied as living or sleeping quarters. There shall be no fixed stair to any new attic space nor operable windows. Attics shall not have finished floors or heating systems. Attics over one-story extensions shall count as additional gross for area if the height from the joist to the underside of the ridge is greater than five feet. Horizontal access to attics shall be limited to nine square feet.

BASEMENT: That space of a building that is partly below grad which has more than half of its height, measured from floor to ceiling, above the average established finished grade of the ground adjoining the building.

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CELLAR: That portion of a building with half or more of its floor-to-ceiling height below the average level of the adjoining ground. A “cellar” shall not be used or occupied as living or sleeping quarters. It shall be prohibited to use any cellar space as habitable space as defined by the New York State Residential Code.

HABITABLE SPACE (NYS RESIDENTIAL CODE): A space in a building for living, sleeping, eating or cooking, or used as a home occupation. Bathrooms, toilet rooms, closets, halls, storage or utility spaces and similar areas are not considered habitable spaces.

ACCESSORY BUILDING AND/OR STRUCTURE: A subordinate building and/or structure customarily incidental to and located on the same lot occupied by the main building. All accessory buildings and/or structures are controlled by Article XI of the Town of North Hempstead Zoning Code. Accessory buildings and/or structures include, but are not limited to, pools, fences, detached garages, sheds (requires permit if over 100 square feet), stationary outdoor fireplaces and barbeques, pergolas, central air-conditioning units, generators, etc.

MAINTAIN EXISTING: An application for a building permit for construction, changes, alterations, improvements or modifications which had been previously completed without the required permit(s) and inspections. All maintenance applications filed in the Town of North Hempstead must be accompanied by plans demonstrating compliance with the current NYS Residential Code and Town of North Hempstead Zoning Code.

NEW CASSEL URBAN RENEWAL OVERLAY DISTRICT: The boundaries are the Wantagh Parkway on the eastern side, Brush Hollow Road and Union Avenue on the northern side, School Street on the western side and Railroad Avenue on the southern side. All applications for work in this district must meet the requirements of Article XXB of the Town of North Hempstead Zoning Code.

PARKING SPACE: The off-street paved or surfaced area available and usable for the parking of one motor vehicle, having dimensions of not less than 10 feet by 20 feet. A single-family dwelling is required to have two parking spaces. A two-family dwelling is required to have four parking spaces.

PRIVATE GARAGE: A detached accessory building or part of the main building used for the storage of not more than two noncommercial automobiles or one commercial and one noncommercial automobiles, owned and used by the occupant of the dwelling and in which no business or service is conducted. Such garage shall not exceed 26 feet in width and 24 feet in depth, with garage doors not to exceed eight feet in height.

DRAINAGE REQUIREMENT: All construction, or maintenance of existing construction, in which there will be an increase in impervious surface area in excess of 250 square feet requires on-site underground retention of 2 ½ inches of rainfall per 70-202.2 of the Town of North Hempstead Zoning Code. Impervious surfaces do not include decks or patios on sand or gravel. Patios on concrete base or crushed concrete aggregate are considered impervious surfaces.

RETAINING WALLS: All walls and other structures of any construction which are intended to, or which in fact, retain or support adjoining earth or rock. All construction or maintenance of retaining walls must meet the requirements found in Article XXII of the Town of North Hempstead Zoning Code.

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, coordinate the review process and use the FULL EAF.</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, a negative declaration may be superseded by another involved agency.</p>	
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>	
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<p><input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.</p>	
<p><input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.</p>	
<p>_____ Name of Lead Agency</p>	<p>_____ Date</p>
<p>_____ Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____ Title of Responsible Officer</p>
<p>_____ Signature of Responsible Officer in Lead Agency</p>	<p>_____ Signature of Preparer (If different from responsible officer)</p>

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The following is a list of agencies currently approved to perform electrical inspections in the unincorporated areas of the Town of North Hempstead.

We will accept a Certificate from a previously approved Underwriter no longer on this list only for final close out of an existing job which was begun by that Underwriter.

1. **Certified Electrical Inspections, Inc.**
188 Park Avenue
Amityville, NY 11701

Phone: 631-598-5610
Fax: 631-598-0541

Website: cei-ny.com
2. **Electrical Inspectors, Inc.**
300 East Meadow Avenue
East Meadow, NY 11554

Phone: 516-794-0400 or
800-794-1468
Fax: 516-794-5854
Website: electricalinspectors.com
3. **Electrical Inspection Services, Inc.**
375 Dunton Avenue
East Patchogue, NY 11772

Phone: 516-466-6486 or
631-286-6642
Fax: 631-286-6683

Website: eislongisland.com
4. **Long Island Electrical Inspections Limited
(Jim Owens)**
25 October Walk
Long Beach, NY 11561

Phone: 516-865-2548 or
888-571-7980
Fax: 888-571-7981
Email: jowens@lieil.net
5. **Suffolk Bureau of Electrical
Inspectors Inc.**
40 Nottingham Drive
Middle Island, NY 11953

Phone: 631-495-8136
Fax: 631-980-6455

Email: sbeigs@gmail.com
6. **Alliance Electrical Inspection Limited**
707 Hyman Avenue
West Islip, NY 11795

Phone: 631-539-6055
Phone: 516-248-0820

Website: allianceeil.com
7. **Long Island Electrical Inspectors Inc.**
21 Third Avenue, Suite 3
Bay Shore, NY 11706

Phone: 631-581-8697
Fax: 631-224-4432

Email: lieinspectors.com

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TOWN OF NORTH HEMPSTEAD

INSURANCE AND LICENSE REQUIRMENTS FOR A PERMIT

The Town of North Hempstead, Nassau County, and the State of New York, require that **NO** building permit may be issued until all current insurances and license information is presented for each permit.

FOR ALL CONTRACTORS: BEFORE EACH PERMIT CAN BE ISSUED), we require a copy of your current **Nassau County Home Improvement License** (this Nassau license is not necessary for commercial jobs or new home construction). Plumbers or Electricians need a copy of their current license. Proof of Insurance shall be submitted by all contractors, as follows: (a) Proof of Commercial General Liability insurance with completed operations (plus X.C.U. when applicable), to which the Town of North Hempstead has been added as additional insured; (b) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance or proof of the applicant not being required to secure same; and (c) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance or proof of applicant not being required to secure same.

STAND-ALONE PERMITS (such as plumbing, signs, fences, trees, etc; (any work not connected to a building permit), where there is a short review process must have all insurances attached at time of application submittal, or they will not be accepted). Explanation: Although the Town keeps computer records, records do not always reflect current coverage, so we require copies of all insurances at time of permit application to prevent any unnecessary delays. For submittals that will take longer to review (such as an addition, alteration, or new home), insurances don't have to be submitted until just before a permit is issued.

HVAC PERMITS will only be issued to companies, individuals, or plumber's that hold a Nassau County General Contractors License or a Nassau County Home Improvement License that includes HVAC work. A Nassau County license that states "Air Conditioning" or "Heating & Air Conditioning" is fine. We will be glad to check with Nassau County if there is a question as to coverage for HVAC work.

A **HOMEOWNER** can serve as his own GC on some work if it is only in the home that he currently occupies, using a **BP-1 form**.

A homeowner may also do plumbing work (except any gas related work) on his owner occupied home as well, but must first take a competency test we can provide upon request.

For a **Demolition permit**, a Nassau County Home Improvement License is required unless the entire foundation is removed and a NEW C/O will be issued.

Liability insurance is usually submitted on a standard "Accord" form. Some other forms may be acceptable. (Please note: by New York State Law, we can not accept NYS Disability and NYS Worker's Compensation coverage on the Accord form). What we can accept is stated below:

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NEW YORK STATE INSURANCE REQUIREMENTS – General Municipal Law §125, WCL §57 & §220

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance. This applies to all businesses with employees.

1) **Form BP-1 (12/08)** Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, **Owner occupied Residence** (This is the **ONLY** form available from the Town of North Hempstead). This form is used by a homeowner who will be doing most of the permit work himself, with no or minimal assistance of up to a total of 40 man-hours per week. This form must be signed and notarized.

2) **Form CE-200 from Group A** attesting to no need for either or both Workers Compensation and Disability Benefits Coverage (Note: If the CE-200 form does not exclude BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the coverage not exempted by the CE-200). This CE-200 form must be submitted with a specific site address for each permit, and the expected duration of the job. The form must have an original signature and date. No copies of this form will be accepted. If the CE-200 is not used or only partially used, then see #3 below

3) A form from either or both **Group B and Group C** (which has not been exempted by the CE-200 form).

The ONLY ACCEPTABLE forms are as follows:

Group	Form No.	Description
A	CE-200	Certificate of Attestation For New York Entities With <u>No</u> Employees and Certain Out of State Entities That New York State Worker's Compensation and/or Disability Benefits Insurance Coverage is Not Required.
B	C-105.2 (9-07)	Certificate of Worker's Compensation Insurance
B	SI-12 (10/03)	Certificate of Worker's Compensation Self Insurance
B	GSI-105.2 (2/02)	Certificate of Participation in Worker's Compensation Group Self Insurance
B	U-26.3	New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition work, this form <u>must</u> state that demolition coverage is included)
C	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance
C	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance

Effective September 9, 2007, all out-of-state employers with employees working in New York State are required to carry a full, statutory New York State workers' compensation insurance policy. An employer has a full, statutory New York State workers' compensation insurance policy when New York is listed in Item "3A" on the Information Page of the employer's workers' compensation insurance policy. It may be appropriate to contact your insurance broker, carrier or agent, check with your trade association, or conduct additional research to find the most appropriate insurance coverage for your company. In addition, a New York State workers' compensation policy may be obtained from the New York State Insurance Fund by calling 1-888-875-5790 and a disability benefits insurance policy may be obtained from the New York State Insurance Fund by calling 1-866-697-4332.