



Town of North Hempstead

Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327
Tel. (516) 869-6311 Fax. (516) 869-7662
www.northhempsteadny.gov

APPLICATION FOR FLOODPLAIN DEVELOPMENT PERMIT FOR DEMOLITION **REQUIREMENTS SHEET**

Refer to §2-9 and 21-12. of the Code of the Town Of North Hempstead

All Applications for a Demolition Permit shall include the following documentation:

1. Three (3) copies of the completed Application for Demolition Permit.
2. Two (2) copies of a legal survey of property showing the location of all of the structure(s) to be removed with spot elevations and topographic information adequate to provide pre-existing elevation information for any new structure that will be located on the property. Survey shall indicate spot elevations as noted herein:
 - a. At each corner of the structure(s) to be demolished.
 - b. At each change in direction of the property line.
 - c. A minimum of every 25' along each length of the property line.
3. Photographs of all of the elevations of the building(s) to be demolished.
4. LIPA letter(s) of disconnect (gas and/or electric as required). *
5. Water District letter of disconnect. *
6. Sewer District letter of disconnect. *
7. Nassau County Department of Health Certificate of Rodent Free Inspection (expires 10 days from issuance). *
8. Contractor insurance forms. *
 - a. Liability Insurance naming the Town of North Hempstead as certificate holder.
 - b. Workers' Compensation Insurance:
 - i. C-105.2 (private insurance), naming the Town of North Hempstead as certificate holder.
 - ii. U-26.3 (from the State Insurance Fund), naming the Town of North Hempstead as certificate holder. For DEMOLITION, this form must specifically name or identify the address of property covered for demolition.
 - iii. SI-12 (self-insurance) does not name a certificate holder.
 - iv. GSI-105.2 (certificate of participation in WC Group self insurance), naming the Town of North Hempstead as certificate holder.
 - c. CE-200 (exemption from WC and Disability). Must be submitted for each separate job or location of work.
 - d. Disability Insurance:
 - i. State of New York Workers Compensation Board form DB-120.1 (private insurance).
 - ii. DB-155 (self insurance) does not name a certificate holder.
9. For legalization projects Legalization of Existing Construction Supplemental Form.
10. Two (2) copies of project documentation as specified in Section 21-12 B of the Code of the Town of North Hempstead.

Continued on back

11. Demolition Permit fee:

Residential one and two family:	\$250 for a building or structure or part thereof
Residential multifamily	\$250 for a building or structure or part thereof
Residential accessory structure	\$150 for a building or structure or part thereof
Commercial	\$350 for a building or structure or part thereof. If the demolition is a necessary part of an alteration or which a permit has been issued, no additional fee shall be required.
Commercial accessory structure	\$250 for a building or structure or part thereof. If the demolition is a necessary part of an alteration for which a permit has been issued no additional fee shall be required
Mixed Use	\$350 for a building or structure or part thereof. If the demolition is a necessary part of an alteration for which a demolition is a no additional fee shall be required.

12. Floodplain Permit fee: Applications for a floodplain development permit shall be accompanied by an application fee in the amount indicated in the Town of North Hempstead Fee Schedule. In addition, the applicant shall be responsible for reimbursing the Town of North Hempstead for any additional costs necessary for review, inspection, and approval of the project. The Local Administrator may require a deposit of no more than \$500 to cover these additional costs.

* Item not required to be submitted at the time of filing. Forms and information shall be required prior to issuance of a building permit.

Applicant shall provide complete information on all forms. Do not leave any item blank. Incomplete applications will not be accepted for filing.



Application Number: _____

Permit Number: _____

Certificate Number: _____

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Issued Pursuant to §2-9 and 21-12 of the Code of the Town Of North Hempstead

Residential Structure []

Commercial Structure []

Accessory Structure []

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

Address of Permit Activity:

Street: _____ City: _____ State: _____ Zip: _____

Owners Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address _____

Applicant's Information:

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address _____

Location of Permit Activity: _____ Feet, N S W E (circle one) of _____

Description of Work: _____

This permit is issued subject to the following conditions:

- 1- Contractor shall contact the building inspector prior to the commencement of any demolition activity.
- 2- Demolition debris shall be removed from the site promptly and shall be disposed of at an approved site for the material in question.
- 3- Appropriate mitigation measures shall be employed before, during and after the demolition to control the generation of fugitive dust, storm water run-off and erosion.
- 4- A suitable construction fence shall be erected and maintained around the perimeter of the premises before, during and after the demolition process to be removed only upon approval of the Commissioner of Buildings or his authorized representative.

Contractor's Information: Corporation: _____

Last: _____ First: _____ License Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

FOR OFFICIAL USE ONLY

No errors, omissions, or oversights on the part of the Plans Examiner shall release the design professional, applicant and/or owner of the responsibility to comply with all requirements of the New York State Building Code, the Laws of the Town of North Hempstead, and all other applicable codes and standards having authority over the work.

OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. I (we) agree to permit the Building Inspector and any officer or employee of the Town of North Hempstead 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 Completion is issued. These plans shall be made available to the Building Inspector upon request.
3. Building Inspector shall be given a minimum forty-eight (48) hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
4. Owner or his/her representative shall be responsible to arrange for all required inspections.
5. Owner shall be responsible for the presence of the appropriate representative 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. Commencement of any work prior to the receipt and posting of the permit will result in the assessment of quadruple fees pursuant to §2-28 C(15) of the Code of the Town of North Hempstead
7. Work shall be permitted between the hours of 7:30 AM and 6:00 PM, Monday through Friday only.
8. I (circle one) [have] [have not] designated an individual or corporation to be the Applicant for the project identified within this Application. If designated, provide the required information:

Name and address of designated Applicant, _____

_____ and that he/she is the (circle one) [lessee] [architect] [engineer] or [builder] for the project.

State of New York }
County of Nassau }

I _____ (Property Owner) deposes and says that he/she resides at _____ in the State of _____, that he/she is the owner in fee of all certain lots, parcel 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 here in stated, recognize that he/she is responsible for all activities occurring on the property, and that failure to comply with any of the 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 permits 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: _____

FOR OFFICIAL USE ONLY

Final Survey received _____	
Final Inspection Date _____	Inspector Signature _____



Application Number: _____

Permit Number: _____

Certificate Number: _____

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

Address of Permit Activity:

Street: _____ City: _____ State: _____ Zip: _____

Owners Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address _____

Applicant's Information:

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-mail Address _____

Location of Permit Activity: _____ Feet, N S W E (circle one) of _____

Description of Work: _____

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Final Inspection Date _____	Inspector Signature _____



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WWW.NORTHEMPSTEAD.COM

CONTRACTOR LIST

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

Address of Permit Activity:

Street: _____ City: _____

State: _____ Zip: _____

GENERAL CONTRACTOR:

Corporation Name: _____

Last: _____ First: _____

Street: _____ City: _____

State: _____ Zip: _____ License Number: _____

Telephone Number: _____ Fax Number: _____

PLUMBING CONTRACTOR:

Corporation Name: _____

Last: _____ First: _____

Street: _____ City: _____

State: _____ Zip: _____ License Number: _____

Telephone Number: _____ Fax Number: _____

ELECTRICAL CONTRACTOR:

Corporation Name: _____

Last: _____ First: _____

Street: _____ City: _____

State: _____ Zip: _____ License Number: _____

Telephone Number: _____ Fax Number: _____

CONTRACTOR _____ :

Corporation Name: _____

Last: _____ First: _____

Street: _____ City: _____

State: _____ Zip: _____ License Number: _____

Telephone Number: _____ Fax Number: _____