



Town of North Hempstead
Department of Building, Safety Inspection, and Enforcement

210 Plandome Road, P. O. Box 3000, Manhasset, NY 11030 Tele 516-869-7660 Fax 516-869-7662

REQUIREMENTS FOR FENCE PERMIT
RESIDENTIAL PROPERTIES ONLY

1. Application for a building permit in duplicate.
2. Two (2) surveys or two (2) plot plans each indicating proposed location of fence.
3. Two (2) copies of owner's affirmation form each signed and notarized.
4. Fee –Based on linear footage. Exact application fee will be calculated at time of submission.

Notes:

- Fence erectors must be licensed with the Town of North Hempstead. A general contractor may not install a fence.
- If a homeowner wishes to personally install a fence on their property, they must file a BP-1(12/08) Affidavit of Exemption.

Section 70.100A of the Code of The Town of North Hempstead states that "fences shall not exceed four (4) feet in height unless otherwise permitted by the Board of Zoning Appeals, except that fences within a residence zone, where such fence within the residence zone immediately abuts a business or industrial zone, may not exceed six (6) feet in height...This provision shall not apply to hedges, privets, trees or other shrubbery which is not limited in height, except as provided in **Sec. 70-203.B.**"

617.20
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? If yes, coordinate the review process and use the FULL EAF.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</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)?</p> <p><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?</p> <p><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>_____</p> <p style="text-align: center;">Name of Lead Agency</p> | <p>_____</p> <p style="text-align: center;">Date</p> |
| <p>_____</p> <p style="text-align: center;">Print or Type Name of Responsible Officer in Lead Agency</p> | <p>_____</p> <p style="text-align: center;">Title of Responsible Officer</p> |
| <p>_____</p> <p style="text-align: center;">Signature of Responsible Officer in Lead Agency</p> | <p>_____</p> <p style="text-align: center;">Signature of Preparer (If different from responsible officer)</p> |



Town of North Hempstead

Department of Building, Safety Inspection and Enforcement

210 Plandome Road, P. O. Box 3000, Manhasset, NY 11030-2327

Tel.: 516-869-7660

FAX: 516-869-7662

(official use only)

Application No.: _____

Permit Number: _____

Cert. Number: _____

APPLICATION FOR RESIDENTIAL BUILDING CONSTRUCTION PERMIT

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

New Construction [] Additional / Renovation [] Maintain Existing []

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

Owner's Information:

Last Name: _____ First Name: _____ Corp. Name: _____

Street Address: _____ Phone #: () _____

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

Applicant Information:

Last Name: _____ First Name: _____ Corp. Name: _____

Street Address: _____ Phone #: () _____

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

Address of Permit Activity:

Street Address: _____

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

Location of Permit Activity:

N S E W (circle one) Side of: _____

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

Description of Work:

Area of Work (SF): _____ Construction Cost Rate / SF: _____ Permitting Cost of Construction: _____

Is this permit to legalize an existing structure? Yes [] No [] If yes, permit fee shall be tripled as per §2-28 C (15)

Architect/engineer: Business / Corporate Name: _____

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

Street Address: _____ Phone #: () _____

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

Contractor: Business / Corporate Name: _____

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

Street Address: _____ Phone #: () _____

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

Electrician: Business / Corporate Name: _____

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

Street Address: _____ Phone #: () _____

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

Plumber: Business / Corporate Name: _____

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

Street Address: _____ Phone #: () _____

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



Town of North Hempstead

Department of Building, Safety Inspection and Enforcement

210 Plandome Road, P. O. Box 3000, Manhasset, NY 11030-2327

Tel.: 516-869-7660

FAX: 516-869-7662

(official use only)

Application No.: _____

Permit Number: _____

Cert. Number: _____

APPLICATION FOR RESIDENTIAL BUILDING CONSTRUCTION PERMIT

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

New Construction [] Additional / Renovation [] Maintain Existing []

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

Owner's Information:

Last Name: _____ First Name: _____ Corp. Name: _____

Street Address: _____ Phone #: () _____

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

Applicant Information:

Last Name: _____ First Name: _____ Corp. Name: _____

Street Address: _____ Phone #: () _____

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

Address of Permit Activity:

Street Address: _____

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

Location of Permit Activity:

N S E W (circle one) Side of:

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

Description of Work:

Area of Work (SF): _____ Construction Cost Rate / SF: _____ Permitting Cost of Construction: _____

Is this permit to legalize an existing structure? Yes [] No [] If yes, permit fee shall be tripled as per §2-28 C (15)

Architect/engineer: Business / Corporate Name: _____

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

Street Address: _____ Phone #: () _____

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

Contractor: Business / Corporate Name: _____

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

Street Address: _____ Phone #: () _____

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

Electrician: Business / Corporate Name: _____

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

Street Address: _____ Phone #: () _____

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

Plumber: Business / Corporate Name: _____

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

Street Address: _____ Phone #: () _____

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



Town of North Hempstead

Department of Building, Safety Inspection and Enforcement
210 Plandome Road, P. O. Box 3000, Manhasset, NY 11030-2327
516-869-7660 FAX: 516-869-7662

Application No.: _____
(Official Use Only)

OWNER'S AFFIRMATION FORM

*** PLEASE READ CAREFULLY ***

[Required for submission with all Residential Permit Applications.]

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 Occupancy / Completion / Acceptance is issued. These plans will 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 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 triple fees penalties pursuant to §2-28 C (15) of the Code of the Town of North Hempstead.
7. Work shall be permitted between the hours of 7:00 AM and 6:00 PM, Monday through Friday only.
8. Occupancy or Use of the premises without first obtaining Certificates of Completion / 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 _____
mailing address of owner

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 the he / she is 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 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 _____, 200

Signature of Notary Public: _____



Town of North Hempstead

Department of Building, Safety Inspection and Enforcement
210 Plandome Road, P. O. Box 3000, Manhasset, NY 11030-2327
516-869-7660 FAX: 516-869-7662

Application No.: _____
(Official Use Only)

OWNER'S AFFIRMATION FORM

*** PLEASE READ CAREFULLY ***

[Required for submission with all Residential Permit Applications.]

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 Occupancy / Completion / Acceptance is issued. These plans will 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 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 triple fees penalties pursuant to §2-28 C (15) of the Code of the Town of North Hempstead.
7. Work shall be permitted between the hours of 7:00 AM and 6:00 PM, Monday through Friday only.
8. Occupancy or Use of the premises without first obtaining Certificates of Completion / 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 _____
mailing address of owner

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 the he / she is 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 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 _____, 200

Signature of Notary Public: _____