

Incorporated Village of Great Neck Building Permit Checklist

Owner: _____ Tel. #: _____

Applicant/Contact: _____ Tel. #: _____

Address: _____

Section: _____ Block: _____ Lot: _____

Date: _____ Tracking #: _____

Checked for Open Permits _____ Initial: _____

Checked for Open Violations _____ Initial: _____

_____ Complete and Notarized Application (Estimated Construction Costs must be included).

_____ Non Refundable filing fee of (see fee schedule) in cash or check made payable to the Village of Great Neck.

_____ Completed Environmental Assessment Form.

_____ Two sets of complete Architectural Construction plans signed and sealed by a NYS Registered Architect or Professional Engineer, including NYSMecCheck or ResCheck compliance report (for renovations affecting thermal envelope, additions and new construction).

_____ Completed & Notarized Architect or Engineer verification forms.

_____ Recent Survey at 1"=20' scale, survey must be original, signed and wet stamped by a Licensed Surveyor.

_____ Name of General Contractor with Nassau County Home Improvement License, please note License and Original Workers Compensation and Disability Insurance Certificates (prepared and issued by Insurance Carrier or Agent) will be required prior to issuance of a Building Permit).

_____ Name of Plumber and License as well as payment of separate fee will be required prior to the issuance of a Building Permit.

Please note; plan review may take 6-8 weeks. To make inquiries, please use the application tracking number captioned above.

I have read and understand the terms and conditions governing my application for a

Building Permit: X _____

**INCORPORATED VILLAGE OF GREAT NECK
BUILDING DEPARTMENT**

Design and Construction Document Filing Procedures

Effective October 6th 2005

Applicants can now submit Design Drawings for Plan Check Review.

The following information will be required (but not limited to) all Design Drawings and Specifications:

1. **Copy of current Survey containing: dimensions, area computation by surveyor, topographic contour lines, dimensions of existing structures, setback dimensions from all property lines, trees and vegetation, retaining walls, driveways, walkways, sidewalks, curb cuts and all other hard surfaces, as required by the Building Department and Boards of Review.**
2. **Proposed Site Plan and Zoning Information with Calculations in accordance with VGN format. Site plan at a minimum 1"=20.00' scale to include roof pitch lines, existing trees, shrubs and retaining walls (existing to be removed, existing to remain and new), landscaping, lighting, driveways, walkways, stairs, grade changes, setbacks, property lines, dimensions, storm water drywell calculations.**
3. **Scaled drawing showing dimensions, locations and average front yard setbacks of other properties including the location of all adjacent driveways and curb cuts.**
4. **Floor plans of all existing and proposed floors including all windows, stairs, doors, dimensions, room titles and legend depicting existing and new construction at 1/4" scale.**
5. **A minimum of four exterior elevations with dimensions of all existing and proposed walls, roofs, exterior balconies, terraces, finishes, doors, windows, lighting, roofing, roof pitches etc. drawn at a 1/4" scale.**
6. **A minimum of one cross section with dimensions through entire structure depicting existing and proposed work drawn at 1/4" scale.**
7. **Photographs of all four existing exterior elevations.**

Note: On certain projects soil borings will be required and may limit the size and location of proposed improvements.

The following information shall be required (but not limited to) all Construction Drawings, Plans and Specifications:

1. **All information, drawings and specifications indicated above in "Design Drawings". Cover sheet to include NYS IRC Table R301.2(1) and a summary of all live and dead load design criteria.**

(cont'd)

2. **Foundation plan showing and describing all steel reinforcing, enlarged foundation wall and slab sections showing steel reinforcing, framing connections to floor and wall assemblies above, vapor barriers, insulation, and footing drainage.**
3. **Enlarged exterior wall, floor and roof sections and interior wall sections describing and showing all materials, framing connections and hurricane uplift resistant strapping.**
4. **Building cross sections showing and describing all structural members, R-values for all insulation, roof pitches, ceiling heights and vertical dimensions.**
5. **All plans, elevations and details must clearly identify all structural components including beams, headers, rafters, ridge beams and columns.**
6. **All framing members, connections, wall, floor and roof openings, frame notching, floor and roof overhangs and high wind resistant shearwalls shall be shown and specified so as to be in conformance with NYS IRC R301.2.1.1. High Wind Resistant Design and Section 3 of the Wood Frame Construction Manual. Provide lateral shear wall details and drawings for exterior walls which have large openings, multiple openings or openings near corners. Provide details and specifications for structural uplift, shear and overturning resistant design.**
7. **Provide a sheathing attachment diagram, diagrams of all framing connection fastening devices cross referenced to plans and a nailing schedule to conform with WFCM 110 mph wind Zone B schedules.**
8. **Provide venting details and drawings and for crawl spaces and roofs.**
9. **Provide sections through all new stairs showing riser and tread dimensions, handrails and guardrails, headroom clearances, stringer size, span and framing connections.**
10. **Provide NYS mec check area calculations, R-Value and U-factor approved summary sheet and Inspectors Check List sheets.**
11. **Plans must provide all electrical outlets and types, lighting, wall switch, smoke, heat and carbon Monoxide detector/alarms, plumbing fixtures and mechanical equipment and be specified in accordance with NEC and NYS codes.**
12. **Provide a Plumbing Riser Diagram showing all waste and vent lines, pipe sizes and material.**
13. **Provide location, size and calculations of all storm water site drainage including catch basins, roof leaders, drain pipes and drywells.**
14. **Provide location, size, decibel rating and specifications of all exterior AC equipment.**
15. **Fireplace details and drawings must include sizes of hearth openings, size of flue, fresh air intake details and door specifications. All details, sections, specifications and ratios shall be provided and be in conformance with Chapter 10 of the NYS IRC.**

Copies of the Great Neck Village Building, Construction and Zoning Codes may be purchased at Village Hall or obtained online at www.greatneckvillage.org.

Applicant acknowledges receipt of this form:

Signature and date: _____

PLEASE COMPLETE THE FOLLOWING AND RETURN TO:

**BUILDING DEPARTMENT
VILLAGE OF GREAT NECK
61 BAKER HILL ROAD
GREAT NECK, NY 11023**

The following drawings and specifications have been prepared by or under the direction of the undersigned and to the best of the undersigned's knowledge, information and belief, meet the requirements of the New York State Energy Conservation Construction Code.

PLANS DATED: _____

PREPARED BY: _____

JOB ADDRESS: _____

SECTION _____ BLOCK _____ LOTS(S) _____

DATED: _____

REGISTERED ARCHITECT/

PROFESSIONAL ENGINEER

NYS LICENSE NO. _____

AFFIX SEAL _____

RE: Building Permit No. _____

Approval Date _____

SAMPLE LETTER TO BE PLACED ON THE LETTERHEAD OF THE PROFESSIONAL ENGINEER/ARCHITECT OF RECORD

DATE

Incorporated Village of Great Neck
61 Baker Hill Road
Great Neck, NY 11023

Attention: Building Department

RE: Proposed Structure for:
Name and Address of Resident

I, _____, registered architect or professional engineer,
New York License No. _____, expiration date _____, hereby certify that the
drawings and specifications (for the subject structure) were prepared by me or by my employees under my direct
supervision in accordance with the provisions set forth in Article 147, Section 7307 of the New York State
Education Law, and I accept all professional responsibilities in accordance with the applicable New York State
Laws.

Sincerely,

SIGNATURE OF PROFESSIONAL SEAL

Sworn to me this ___ day of _____, 20___.

NOTARY/

REQUIREMENTS FOR SUBMITTING BUILDING APPLICATIONS FOR RESIDENTIAL BUILDINGS

- A. Two copies of plans stamped and signed by an Architect or Professional Engineer registered in New York State. Plans must show the following data:
1. Compliance with the Compliance with the 2007 New York State Residential Code and 2007 New York State Energy Conservation Construction Code.
 2. Site Plan depicting all existing structures, trees and proposed additions, and elevation of adjacent curb height. Site plan to show location with dimension of adjacent property structures, when applicable, regarding new free-standing garages.
 3. All zoning calculations to be included on drawings. **ALSO SEE ATTACHED SQUARE FOOT DIAGRAM.** Use as a guide. Show all information on cover sheet with survey.
- B. A recent survey map dated within one (1) year of the property prepared by a licensed Surveying Engineer and copy of adjacent property surveys when used for average front yard setbacks.
- C. Copy of contractor=s Nassau County home improvement license.
- D. Worker=s compensation, liability and disability insurance certificate **NAMING VILLAGE OF GREAT NECK AS CERTIFICATE HOLDER AND ADDITIONALLY INSURED.**
- E. Resolution of Board of Appeals and/or Planning Board Subdivision approval, if applicable.
- F. Completely filled out building permit application form, with all required notarized signatures, and a non-refundable filing fee.
- G. In addition to basic plans, elevations and building sections:
1. Indicate use and construction type and details per State Uniform Fire Prevention and Building Code until January 3, 2003 (or new IBC Codes). Subsequent to January 3, 2003 only IBC Codes will be applicable.
 2. Provide drainage calculations for drywells, per Village drainage requirements for 8" and 5" rainfall. (8" in rear yard, 5" in front yard).
 3. Indicate finished floor elevations on plans.
 4. Indicate both existing and finish grades at property line and around building.
 5. Provide 3/4" wall section.
 6. Indicate emergency window egress designation.
 7. Indicate smoke, heat and carbon monoxide detectors on electrical drawings.
 8. Show all utility connections from house to street.
 9. Provide attic and crawl space ventilation calculations.
 10. Show all foundation depths on building elevations.
 11. Indicate all adjacent structures on contiguous properties.
 12. Provide gas riser diagram for new gas installation, if applicable.
 13. Provide plumbing riser diagram.
 14. Survey to indicate existing grades.
 15. Electrical plans indicating power and lighting.
- H. Architect/Engineer Certification-Required for Certificate of Occupancy. A Certificate of Completion as required by Village of Great Neck.

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)

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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)	
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:	
C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:	
C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:	
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:	
C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:	
C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:	
C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
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:	
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:	

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.

<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.	
<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.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

Reset



BOARD OF ASSESSORS
COUNTY OF NASSAU

240 OLD COUNTRY ROAD
MINEOLA, N.Y. 11501

Date Rec'd.

BUILDING PERMIT

OFFICE USE ONLY

SECTION	BLOCK	LOT	TOWN, CITY, VILLAGE	SCHOOL DIST NO.	PERMIT, NUMBER, TOWN CITY, VILLAGE, AND DATE ZONED AS
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LOCATION OF BUILDING: N.E.S.W. SIDE OF _____ FEET N.E.S.W. OF _____
OR CORNER OF _____ AND _____

NUMBER AND STREET ADDRESS OF PROPERTY: _____
OWNER OR LESSEE: OWNER LESSEE
NAME: _____
STREET ADDRESS: _____
POST OFFICE: _____ ZIP: _____
POST OFFICE AND ZIP CODE: _____ TELEPHONE #: _____

TYPE OF IMPROVEMENT: RESIDENTIAL INDUSTRIAL COMMERCIAL OTHER
 NEW BUILDING REPLACEMENT ADDITION
 ALTERATION SWIMMING POOL PLUMBING
 DEMOLITION CENTRAL AIR RELOCATION

SELECTED CHARACTERISTICS OF BUILDING	PRINCIPLE TYPE OF CONSTRUCTION	RESIDENTIAL ONLY	PLUMBING FIXTURES
	<input type="checkbox"/> WOOD FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> STEEL	<input type="checkbox"/> BSMT <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER	NUMBER OF BATHROOMS <input type="checkbox"/> <input type="checkbox"/> BSMT. FINISH <input type="checkbox"/> ATTIC FINISH
ESTIMATED COST OF IMPROVEMENT	PRINCIPLE TYPE OF HEATING AND/OR CENTRAL AIR CONDITIONING	COMMERCIAL/INDUSTRIAL ONLY	NUMBER OF LAVATORIES _____
	<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> OTHER	<input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> CENTRAL AIR CONDITIONING	WATER CLOSET _____ BATH TUB _____ STALL SHOWER _____ KITCHEN SINKS _____ LAUNDRY TUB _____ URINAL _____ BIDET _____
		<input type="checkbox"/> NEW CONSTRUCTION OR ADDITION MUST INCLUDE SITE PLAN	TOTAL _____
		<input type="checkbox"/> SPRINKLER SYSTEM	
		<input type="checkbox"/> ELEVATOR	

DESCRIPTION OF IMPROVEMENT AND ESTIMATED COST

FIELD REPORT	FIELD REPORT (CONTINUED)	SECTION BLOCK LOT

DATE OF GRANTING OF PERMIT

Signature of Applicant

NOTE: SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant

TELEPHONE #

SURVEY REQUIREMENTS

FOR NEW CONSTRUCTION AND ADDITIONS:

PROVIDE SQUARE FOOTAGE OF LOT

INDICATE FIRST FLOOR ELEVATION

INDICATE TOP OF FOUNDATION ELEVATION

INDICATE DISTANCES TO ALL LOT LINES

INDICATE DISTANCE OF PROPOSED FREE-STANDING GARAGE TO RESIDENTIAL STRUCTURE ON ADJACENT LOTS--MIN. 20'

INDICATE MID-HEIGHT OF ROOF TO MEAN GRADE AND TO MEAN CURB ELEVATION '

INDICATE GRADE ELEVATION ON SITE, AROUND PROPOSED STRUCTURE AND BY ALL CORNERS AND AROUND PERIMETER OF SITE. WHEN SLOPE ACROSS SITE ' EXCEEDS 4% PROVIDE CONTOURS.

- LOCATE AIR CONDITIONING COMPRESSOR

INDICATE DRYWELL LOCATIONS

INDICATE LOCATION OF; • BUILDINGS-ACCESSORY STRUCTURES SUCH AS FENCES, RETAINING WALLS, DRIVEWAYS, DECKS, TREES 6" IN DIAMETER OR GREATER AT BREAST HEIGHT

INDICATE ENCROACHMENTS SUCH AS:
PORCHES, BAY WINDOWS, 2ND STORY OVERHANGS

NOT¹ ALL-ITEMS ARE NECESSARILY REQUIRED. CHECK BUILDING- DEPARTMENT FOR CLARIFICATIONS ON SPECIFIC PROJECT.

THE FOLLOWING CONDITIONS & REQUIREMENTS MUST BE MET DURING CONSTRUCTION:

Work must start within three (3) months and be completed within one (1) years from date of approval or the permit will expire and be subject to renewal fees. After two (2) years from the date of approval the permit shall be deemed abandoned and will require a Board of Trustee hearing as well as a renewal fee in order to be extended any further.

New York State Energy Conservation Construction Code with certification by a Professional Engineer or Registered Architect required.

Construction must be in conformity with the New York State Building Codes, Nassau County, and the Incorporated Village of Great Neck.

Construction fence must be installed pursuant to Village Code 237-91

Prior to the disturbance of any soil on site, the Building Department must have a valid Erosion Control Plan.

CONSTRUCTION/ALTERATION IS ALLOWED BETWEEN THE HOURS OF 8:00 A.M. AND 7:00 P.M. ON WEEKDAYS AND BETWEEN 9:00 A.M. AND 7:00 P.M. ON SATURDAYS AND HOLIDAYS.

Fire Warning System pursuant to Village Code; Section 321.42 and Part 1060 of the New York State Code required.

Separate permits are required for the following: Plumbing, Sewer Connection, Construction Dumpsters, Signs, Street Openings, Curb Cuts, Sidewalk Openings, Sediment and Erosion Control (SPDES), Grease Traps and Tree Removals.

THE BUILDING INSPECTOR SHALL BE REQUESTED TO MAKE THE FOLLOWING BEFORE WORK CONTINUES: GROUND CONDITION BEFORE FOOTINGS ARE POURED AND DRYWELLS INSTALLED, FRAMING, INSULATION, PLUMBING ROUGHING AND FINAL INSPECTION. INSPECTOR SHALL BE GIVEN 24 HOUR NOTICE PRIOR TO INSPECTION.

DO NOT PROCEED WITH FRAMING UNTIL BUILDING DEPARTMENT HAS APPROVED FOUNDATION SURVEY.

CONSTRUCTION SITE IS TO BE MAINTAINED LITTER FREE AND FREE OF PHYSICAL HAZARDS.

ALL WORK MUST BE DONE IN ACCORDANCE WITH THE APPROVED PLANS. CHANGES MUST BE FILED AS AN AMENDED DOCUMENT AND APPROVED BY THE BUILDING DEPARTMENT BEFORE THE CHANGES ARE IMPLEMENTED.

ROUGHING INSPECTION CERTIFICATION BY THE NEW YORK BOARD OF FIRE UNDERWRITERS OR ELECTRICAL INSPECTORS, INC. IS REQUIRED PRIOR TO THE INSTALLATION OF GYPSUM BOARD.

BEFORE A CERTIFICATE OF OCCUPANCY OR COMPLETION CAN BE ISSUED, THE FOLLOWING IS REQUIRED:

1. CERTIFICATION FROM NEW YORK BOARD OF FIRE UNDERWRITERS OR ELECTRICAL INSPECTORS, INC.
2. FINAL SURVEY SHOWING ALL IMPROVEMENTS INCLUDING DRYWELLS, A/C COMPRESSORS, SHEDS, POOLS AND FENCES.
3. CERTIFICATION FROM LICENSED PROFESSIONAL.

PERMIT CARD MUST BE VISIBLY DISPLAYED AT ALL TIMES.

NYS WCB WC/DB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464	NYS WCB WC/DB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2155	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423-2938
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Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

(Incomplete forms will be returned, UNSTAMPED – Please contact an attorney if you have any questions regarding this form.)

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Affidavit **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those business' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form

Incomplete forms will be returned, UNSTAMPED.

Please note: This statement must FIRST be notarized and THEN sent to be stamped as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the Workers' Compensation Board.

UPON RECEIPT OF A FULLY COMPLETED WC/DB-100 FORM, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax within 5 business days. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

In the Application of (Business Name and Address)

for a _____ permit/license/contract

State of _____)
_____) ss.:
County of _____)

4 1. _____ (applicant's name) being duly sworn, deposes and says:

1a) I am the _____ (position) with the above-named business, a/an _____ (nature of business—IE. Building contractor, occupational therapist, food cart vendor, etc). The telephone number of the business is (_____)_____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. The New York State Unemployment Insurance Employer Registration Number (if any) of the business is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number is (_____)_____.

3. That the above named business is applying for a _____ (type of permit/ license/contract applying for) from _____ (governmental entity issuing the permit/ license/contract).

3a) {Optional -- Location of where work will be performed in New York State _____ from _____ to _____ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is _____.

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4h.):

- 4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).
- 4b.) the business is a partnership under the laws of New York State and is not a corporation. Other than the partners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). *(Must attach separate sheet with a list of all the partners names and also with the signatures of all the partners.)*
- 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).
- 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). *(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)*
- 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services.
- 4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
- 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, leased employees, borrowed employees or part-time employees.
- 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

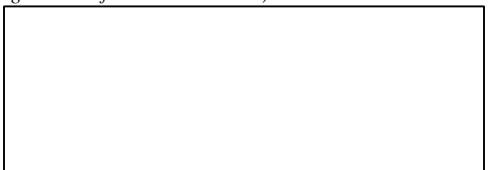
- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 5c.) the applicant is a nonprofit religious, charitable or educational institution. With the exception of executive officers, clergy, sextons, teachers or professionals, the nonprofit has no compensated individuals providing services.
- 5d.) the business is a farm and all employees are farm laborers.
- 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury.** I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. **I also hereby affirm that** if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form.

Sworn to before me this _____
Day of _____, 20__

Notary Public

(Applicant's Signature -- first and last name)



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3a) {Optional -- Location of where work will be performed in New York State from _____ to _____ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is _____.

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check either box 4a or 4b):

4a) the business is from outside of New York State, and wishes to use its foreign or other state's workers' compensation insurance policy to cover its employees while they are working in New York State. *To check this box, the applicant **MUST** have New York (NY) specifically listed on Item 3C on the Information Page of its workers' compensation insurance policy (Exception-3C coverage not required for contracts where ALL work is done outside of New York State), and **MUST** attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit (and listed the governmental entity issuing the permit/ license/contract as the Certificate Holder). Further, by checking box "4a" on this form, the applicant **CERTIFIES** that for the period covered by this exemption form the above business **DOES NOT** or **WILL NOT** meet any of the following four criteria (4aa. - 4ad.).*

4aa. has a physical location within New York State, nor

4ab. has more than \$50,000 in labor costs in a calendar year for employees working in New York State, nor

4ac. has one or more employees with a primary work location or hired within New York State, nor

4ad. has an employee or employees working in New York State more than 90 days in a calendar year.

Applicants that meet any of the above four criteria (4aa. - 4ad.), CANNOT check "box 4a" on this form and CANNOT file this form for a workers' compensation exemption. PLEASE NOTE: Applicants that meet any of the above four criteria (4aa. - 4ad.), are REQUIRED to have a full New York State workers' compensation policy (NY listed under Item 3A on the Information Page of the insurance policy) and must file either a C-105.2 -- Certificate of Workers' Compensation Insurance OR a U-26.3, the State Insurance Fund's version of this form (the business' insurance carrier will send these forms to the government entity issuing the permit, license or contract upon the business' request) as proof of this coverage. [Applicants that DO NOT meet any of the above four criteria (4aa. - 4ad.) are NOT required to have NY listed under Item 3A on the Information Page of the insurance policy. Instead, the out-of-state employer's employees will be covered when working in New York by having NY listed in Item 3C on the Information Page of the workers' compensation insurance policy (the other-states section).]

4b) All employees from the entity applying for the permit, license or contract are direct employees of a government entity outside of New York State and such employees are outside the jurisdiction of New York State workers' compensation coverage. (Applicant **MUST** attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit)

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check ONE of the boxes from 5a. through 5b.):

5a.) the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

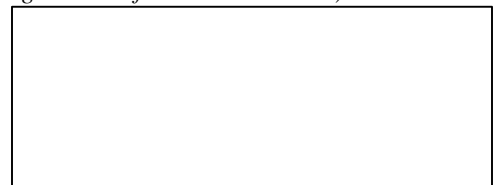
5b.) All employees from the entity applying for the permit, license or contract are direct employees of a government entity outside of New York State and such employees are outside the jurisdiction of New York disability benefits coverage.

6. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury.** I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. **I also hereby affirm that** if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form.

(Applicant's Signature -- first and last name)

Sworn to before me this _____
Day of _____, 20__

Notary Public



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Village of Great Neck Building Department, 61 Baker Hill Road, Great Neck NY 11023

Non-Refundable Building Permit Fee Schedule; Project Address: _____

To be completed by all applicants, the application Fee and 50% of additional Fees are due upon application and the balance is due upon receipt of Building Permit.

Description of Proposed Work	Application Fee	Additional Fee	Area of Work	Building Permit Fee Amount
Section (1): Decks, Driveways, Patios, Walkways and other Paved Areas (new, enlarged or altered).	\$100.00			\$100.00
(A) Decks: Area of Work: _____		\$1.00 x	_____ =	\$ _____
(B) Driveways, Patios, Walkways or other Paved Areas that exceed 200 square feet: Area of Work: _____		\$1.00 x	_____ =	\$ _____
Sub Total Building Permit Fee:				\$ _____
Section (2): Small Residential Renovations and Additions and Small Commercial Non-Structural Improvements.	\$200.00			\$200.00
(A) Small Residential Additions Less than 200 square feet. Area of Work: _____		\$2.00 x	_____ =	\$ _____
(B) Small Residential Renovations and Small Commercial Non-Structural Improvements Less than 1,000 square feet. Area of Work: _____		\$2.00 x	_____ =	\$ _____
(C) Repairs, Renovations and Maintenance Work which does not include floor area shall be based on 1% of the construction cost. Constr. Cost _____ x .01 =				\$ _____
Sub Total Building Permit Fee:				\$ _____
Section (3): For all other Construction (new, additions or renovations).	\$300.00			\$300.00
Area of Work: _____		\$3.00 x	_____ =	\$ _____
Sub Total Building Permit Fee:				\$ _____
TOTAL BUILDING PERMIT FEE:				\$ _____

Note: There will be an additional re-inspection fee for every required additional inspection resulting from incomplete construction as follows;
 Section 1: Each Re-Inspection Fee: \$100.00
 Section 2: Each Re-Inspection Fee: \$200.00
 Section 3: Each Re-Inspection Fee: \$300.00