

Incorporated Village of Bellerose

50 Superior Road, Bellerose Village, NY 11001

Phone: 516-354-1000 Fax: 516-354-1033

www.bellerosevillage.org

BUILDING PERMITS - GENERAL INFORMATION

Building Permits are required for all exterior work and for any structural, relocation or replacement changes to the interior of a building. Contact the Building Department BEFORE starting any work.

1. All new work, alterations and replacements must be in compliance with the Building Code of the Village of Bellerose (Chapter 68) and the New York State Uniform Fire Prevention and Building Code.
2. All applications are subject to Building Department approval. Fees are non-refundable and must be paid before a permit can be issued. Building Permits are issued as soon as practicable after receipt of all documents and approval of the application.
3. Before a permit application can be accepted, all required documents must be received, including:
 - a) Fully completed Application form. If an item is "not applicable", note as N/A
 - b) \$50. Deposit toward the permit fee
 - c) Notarized Owner's Authorization
 - d) Detailed description of the work and costs
 - e) Contractor's Information
 - f) For work being performed by a contractor: the contractor must provide:
 1. Copy of the contractor's Nassau County license.
 2. Proof of Commercial General Liability Insurance using the exact language contained on the attached Insurance Requirements form and for the amounts listed on the attached Insurance Requirements document.
 3. Proof of Workers' Compensation and NYS Disability Insurance listing the Village of Bellerose as Certificate Holder
 4. Proof of Disability Insurance (DB-120) listing the Village of Bellerose as Certificate Holder
 - g) For work being performed by a homeowner:
 1. A completed notarized Homeowner's Certification available from the Building Inspector
 2. The front page of homeowner's insurance policy
4. Once the permit has been approved, you will be notified of the fees due. All fees must be paid before a permit is issued.
5. Permits are valid for one (1) year from date of issue and must be renewed by the Building Department if work is not completed in order to avoid a summons.
6. Permit must be placed in front window facing the street.
7. Most exterior changes also require approval of the Architectural Review Committee (ARC). For exterior changes or additions that require ARC approval, as determined by the Building Inspector, the application must also include:
 - a) color photos of existing conditions
 - b) color photos of adjoining properties
 - c) the proposed plans including drawings, architectural plans, plot plans, as applicable
 - d) pictures / samples of colors and materialsThe ARC meets the second Wednesday of each month. Applications must be submitted one week prior.
8. For roof replacements and repairs use a Roofing Permit application, available on the website and Village Hall. Sign Permits are required for business district signs and may be subject to ARC approval. Contact Village Hall for a Sign Permit application.

Upon issuance of the permit It is the responsibility of the permit holder to request inspections. Contact the Village of Bellerose Building Department to schedule an inspection appointment. 516 354-1000.

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BUILDING PERMIT APPLICATION

DATE _____

PROPERTY INFORMATION

SECTION: 32 BLOCK: _____ LOTS: _____ PROPERTY ID: _____

OWNER'S LAST NAME _____ FIRST NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ BUSINESS _____

DESCRIPTION OF WORK _____

Is this a permit to legalize an existing structure? YES _____ NO _____

ESTIMATED COST OF PROPOSED CONSTRUCTION: _____

SQ. FEET OF LOT _____ SQ. FT OF WORK AREA: _____

ARCHITECT / ENGINEER

NAME _____ LIC# _____

BUSINESS NAME _____ PHONE NUMBER _____

ADDRESS _____

CONTRACTOR

NAME _____ LIC# _____

BUSINESS NAME _____ PHONE NUMBER _____

ADDRESS: _____

ELECTRICIAN*

NAME _____ Reciprocal LIC# _____

BUSINESS NAME _____ PHONE NUMBER _____

ADDRESS _____

**Attach a copy of the current license showing proof of ability to work in the Town of Hempstead or Nassau County*

PLUMBER: Separate Plumbing Application must be filed and a separate plumbing permit issued. All plumbers must be licensed in Town of Hempstead or Nassau County.

OFFICE USE ONLY

Violation File Checked _____

Application Rec'd. by _____

Date Building Dept. Approved _____

Needs Architectural Review Committee Approval _____

Date Issued _____

Documentation Required Received _____

Fee Paid _____

Permit # _____

Date ARC Approved (if needed): _____

Issued by _____

**Incorporated Village of Bellerose
Building Permit**

OWNER'S AUTHORIZATION

I hereby certify that:

- 1) The information provided on this permit application is true and correct. I understand that the Village of Bellerose will approve or deny a permit based on the information provided.
- 2) I agree to permit the Building Inspector and any officer or employee of the Village of Bellerose to enter upon the premises in the discharge of their duties with this application.
- 3) Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
- 4) Building permit must be placed in front window facing street.
- 5) Building Inspector will be given a minimum of 48 hours notice to make any required inspection and no work will continue until such inspection has been completed and approved.
- 6) Owner or his representative will be responsible to arrange for all required inspections.

State of New York
County of Nassau

Property Owner - Please Print

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 known as Section 32 Block _____ Lot(s) _____ situated, lying and being within the Village of Bellerose; that I have read and understand items 1 through 6 as herein stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she is totally familiar and that he/she hereby names _____ as his/her representative to file this application on his/her behalf.

Signature of Owner _____

Sworn to me this _____ day of _____ 20____

Signature of Notary Public _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

APPLICATION FEE: _____ APPLICATION #: _____ DATE RECEIVED: _____
ZONE: _____ CLERK #: _____ BZA # _____ SITE PLAN REVIEW: _____
LOCATION: _____

FOUNDATION SURVEY OK'D DATE: _____
ELECTRICAL CERTIFICATE: _____
FINAL INSPECTION DATE: _____
INSPECTOR SIGN OFF: _____
ESTIMATED COST: _____

SPECIAL CONDITIONS CHECKED: _____
WORK COMMENCED ON: _____
DATE SIGNED OFF: _____
PLUMBING PERMIT #: _____
SQUARE FOOTAGE X \$ _____ = _____

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516-354-1000 Fax: 516-354-1033
www.bellerosevillage.org

License and Insurance Requirements for Permits

Each Contractor

- 1) Nassau County License
- 2) Proof of commercial General Liability Insurance. Description Box to read "Incorporated Village of Bellerose, all elected and appointed officials, employees and volunteers are included as primary and non-contributory additional insureds per the General Liability including Contractual Liability, Automobile Liability and Excess Liability (if Excess Liability is applicable). Waiver of Subrogation is included on the Workers Compensation and General Liability in favor of the Additional Insured.
- 3) Workers Compensation listing the Incorporated Village of Bellerose as the Certificate Holder
- 4) DB-120 (Disability) listing the Incorporated Village of Bellerose as the Certificate Holder

Please contact the Building Department @ 516-354-1000 or 516-315-4769 for assistance.

**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER/
LICENSED CONTRACTOR TO WORK WITHIN THE MUNICIPALITY**

Page One of Two

Applicant shall maintain at a minimum the following insurance coverages, giving evidence of same to the Incorporated Village of Bellerose, on the form of Certificates of Insurance stating all work performed at any and all locations, copy of the Additional Insured Endorsement, providing 30 days' notice of cancellation, non-renewal or material change. New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. The insurance coverage limits set forth in Schedule below are minimum coverage requirements, not limitations of liability. All subcontractors must adhere to the same insurance requirements.

Certificate Holder should read: **Incorporated Village of Bellerose**
50 Superior Road
Bellerose, NY 11001

Description Box to read:
Incorporated Village of Bellerose, all elected and appointed officials, employees and volunteers are included as primary and non-contributory additional insureds per the General Liability including Contractual Liability, Automobile Liability and Excess Liability (if Excess Liability is applicable). Waiver of Subrogation is included on the Workers Compensation and General Liability in favor of the Additional Insured.

I. WORKER'S COMPENSATION AND NYS DISABILITY

Coverage	Statutory
Extensions	Voluntary compensation All states coverage; Employers liability – unlimited Waiver of Subrogation in favor of Incorporated Village of Bellerose
Required Form for Workers Comp:	C105.2 – certificate of NYS Workers Compensation Insurance Coverage OR if you are insured with the State Insurance Fund, form SI-26.3 – State Insurance Fund Certificate of Workers Compensation Insurance
Required Form for NYS Disability:	DB120.1 – Certificate of Disability Benefits Insurance

II. COMMERCIAL GENERAL LIABILITY

Coverage	Occurrence – 1988 ISO or equivalent
Limits	General Aggregate \$2,000,000 Products-Comp/Ops Aggregate \$1,000,000 Personal. & Advertising. Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Legal (Any one Fire) \$ 50,000 Medical Exp. (Any one Person) \$ 5,000

**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER /
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Page Two of Two

Additional Insured	Incorporated Village of Bellerose and all appointed and elected officials, employees and volunteers Using ISO form CG2026 or equivalent on a primary and non-contributory basis.
Mandatory	Contractual Liability to cover the Hold Harmless; Waiver of Subrogation in favor of all Additional Insureds

III. AUTOMOBILE INSURANCE

Coverage	Standard New York policy insuring all owned, hired, and non-owned vehicles
Limits	Minimum Limit - \$1,000,000 CSL
Additional Insured	Incorporated Village of Bellerose and all appointed and elected officials, employees and volunteers on a primary and non-contributory basis.

IV. UMBRELLA LIABILITY - RECOMMENDED

Coverage	Umbrella Form or Excess following form of primary General Liability and Automobile Liability
Suggested Limit	\$2,000,000
Additional Insured	Incorporated Village of Bellerose and all appointed and elected officials, employees and volunteers

V. HOLD HARMLESS/INDEMNIFICATION AGREEMENT

The applicant/contractor shall indemnify, defend and hold the Incorporated Village of Bellerose and all appointed and elected officials, employees and volunteers of the Incorporated Village of Bellerose harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of, or resulting from, the permit holder's or Licensee's operations within the Municipality/Village, including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the ___ day of _____, 20____.

Witness:

Signature

Date

Print Name

Applicant - Name of Firm - Contractor

Address

Contractor's Signature

(Please Print Name and Title)

SPECIAL NOTATIONS:

- I. Per the Workers Compensation Law, all municipal and State entities are to ensure that all applicants applying for permits, licenses or contracts have appropriate workers compensation and disability benefits insurance coverage. Businesses must provide evidence of proper coverage by using:

Workers Compensation: C105.2 OR (State Insurance Fund Form) SI-26.3

NYS Disability: DB120.1

- II. If you do not maintain Workers Compensation and NYS Disability due to a valid exemption, the following form must be submitted to the Municipality:

CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.

Starting December 1, 2008, ONLY applicants eligible for exemptions must file a new CE-200 for each and every new or renewed permit, license or contract issued by a government agency. You can obtain this form from the Workers Compensation Boards' website, <http://www.wcb.state.ny.us/> or by calling (518) 486-6307.

- III. If Applicant is a Homeowner serving as the General Contractor for his/her primary Residence, the applicant must provide the following:

1. Affidavit of Exemption to Show Specific Proof of Workers Compensation Insurance Coverage for a 1, 2, 3, or 4 Family Owner-occupied Residence – Form BP-1 OR if after reviewing this form, you do not qualify for a Workers Compensation Exemption, you must acquire appropriate Workers Compensation Coverage and provide appropriate proof as mentioned above.
2. Provide copy of Homeowners Insurance that is currently in effect and covers the property listed on the Building permit.



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: BELLEROSE

NSBDM (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N/E S/W SIDE OF (OR CORNER OF) _____ N/E S/W SIDE OF _____

ADDRESS OF PROPERTY: _____

CITY, TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION: _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME

PERMIT EXP DATE _____

LOT SIZE S.F. _____ # BLDGS ON LOT _____

IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)
*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY		DOES RESIDENCE HAVE THE FOLLOWING	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE	CENTRAL AIR	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	FINISHED ATTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION		
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT		
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL		
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHANGE IN USE		

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS

NUMBER OF EXISTING FULL BATHS	NUMBER OF PROPOSED FULL BATHS
NUMBER OF EXISTING HALF BATHS	NUMBER OF PROPOSED HALF BATHS

HALF BATH EQUALS TWO FIXTURES FULL BATH EQUALS THREE OR MORE FIXTURES

NEW CO NEEDED	YES <input type="checkbox"/> NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50% SURVEY ENCLOSED	YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person - Sign & Print _____

Address of Applicant/Contact Person _____ Telephone _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOT(S)
CA # OR BLDG #
UNIT #
DATE



**BUILDING PERMIT
COMMERCIAL OR MIXED USE PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: BELLEROSE

DATE REC'D (Assessor Use Only)

SECTION	BLOCK	LOT(S)	BCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY: _____ Check one NAME OF BUSINESS _____
CITY, TOWN, VILLAGE _____ ZIP _____ CONTACT PERSON _____

ESTIMATED COST OF CONSTRUCTION: _____
 OWNER OR LESSEE ADDRESS _____
CITY, STATE, ZIP _____

DATE TO BEGIN _____ PRINCIPLE TYPE OF CONSTRUCTION _____ PHONE _____
DATE TO COMPLETE _____ STEEL _____ EMAIL _____
 MASONRY _____

LOT SIZE S.F. _____
BLDGS ON LOT _____ OTHER _____
If you wish to group or apportion lots, please call 516-571-1600 for more information.

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

CHECK ALL THAT APPLY **USE BY SIZE AND FLOOR**

<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> OTHER (Describe) _____ <input type="checkbox"/> FAÇADE <input type="checkbox"/> BASEMENT RENOVATION/ALTERATION <input type="checkbox"/> HVAC <input type="checkbox"/> ROOF <input type="checkbox"/> PLUMBING	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
	BSMT	_____	_____	_____
	1ST	_____	_____	_____
	1ST add'l use	_____	_____	_____
	2ND	_____	_____	_____
	UPPER FLOORS	_____	_____	_____
	TOTAL # FLOORS	_____	_____	_____

List additional use in comments section

Residential Use				
CO-OP	<input type="checkbox"/>			
CONDO	<input type="checkbox"/>			
RENTAL	<input type="checkbox"/>			
	Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
Studio	_____	_____	_____	_____
1BDRM	_____	_____	_____	_____
2BDRM	_____	_____	_____	_____
3BDRM	_____	_____	_____	_____
4 BDRM	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
Describe _____				

COMMENTS

Approved By _____
Date of Granting of Permit _____
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING
Signature of Applicant/Contact Person _____
Please Print Name _____ Tele # _____

FIELD REPORT ON REVERSE

Township _____
School District _____
Section _____
Block _____
Lot(s) _____
Date _____