

Incorporated Village of Bellerose

50 Superior Road, Bellerose Village, NY 11001

516-354-1000 Fax 516-354-1033

www.bellerosevillage.org

PLUMBING PERMIT - GENERAL INFORMATION

THIS INFORMATION IS FOR PLUMBING PERMITS ONLY

**Plumbing Permits are needed for the following work:
New Plumbing Work, Alterations and/or Relocations of Plumbing
and/or Gas Fixtures, and Lawn Sprinkler Systems Backflow Devices**

1. No application will be accepted for processing or submission to the Village Building Inspector for consideration by anyone other than a licensed plumber holding a valid Plumber's License issued by Nassau County, the Town of Hempstead or the Town of North Hempstead. **All plumbing permit fees MUST be paid for by a check from the plumber unless otherwise authorized by the Building Department.**
2. All applications must be submitted with a \$50.00 deposit toward the permit fee and are subject to Building Department review and approval.
3. All blanks on the Application are to be filled in. If an item is "not applicable" note as N/A.
4. All applications are subject to Building Department approval.
5. No permit will be issued if the applicant, business, or a principal of the corporation submitting the application has any outstanding unpaid building or plumbing violations due the Village unless otherwise stated on permit.
6. Plumbing permit must be placed in front window facing the street.
7. All Permits issued are valid for one (1) year from date of issue and must be renewed with Building Department approval if work is not completed to avoid a summons.
8. All new work, alterations and replacements must be in compliance with the New York State Uniform Fire Prevention and Building Code with regard to water saving devices and all other requirements as set forth in the code.
9. Plumbing Permits are issued as soon as practicable after submission of all required documents. **DEPENDING ON SCHEDULING IT MAY TAKE TWO OR MORE WEEKS FOR APPROVAL.** You will be notified when your application is approved or denied. If approved, you may pick up your permit upon payment in full of the permit fee.

Upon receipt of the foregoing information your requests for these permits will be reviewed.

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

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PLUMBING PERMIT APPLICATION

See General Information sheet for information and requirements

DATE _____

PROPERTY INFORMATION

SECTION: 32 BLOCK: _____ LOTS: _____

OWNER'S LAST NAME _____ FIRST NAME _____

ADDRESS _____

HOME PHONE _____ BUSINESS/CELL PHONE _____

DESCRIPTION OF WORK _____

CHECK ALL THAT APPLY: NEW DWELLING ___ ALTERATION ___ ADDITION ___

IS THIS A PERMIT TO LEGALIZE AN EXISTING STRUCTURE? YES ___ NO ___

ESTIMATED COST OF PROPOSED CONSTRUCTION _____

PRESENT USE OF BUILDING _____ PROPOSED USE _____

PLUMBER

NAME _____ LIC# _____

BUSINESS NAME _____ PHONE _____

ADDRESS _____

=====

OFFICE USE ONLY

Violation File Checked _____ Documentation Required Received _____

Application Rec'd. by _____ Fee Paid _____

Date Building Dept. Approved _____ Permit # _____

Date Issued _____ Issued By _____

Indicate Number of: Proposed Fixtures

Fixture Type	Basement	1 st Floor	2 nd Floor
Water Closets			
Urinals			
Wash Basins			
Bath Tubs			
Sinks			
Slop Sinks			
Showers			
Dish Washers			
Fuel Waste Oil Tank			
Gas Piping			
Gas Meter			
Water Meter			
Sprinkler System			
Backflow Device			
Hot Water Heater			
Oil Burner			
Gas Burner			
Stove			
Dryer			
Drainage Pool			
Sewer Connection			
Water Connection			
Other: _____			

Owner's Authorization

I hereby certify that 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. 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. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Approval is issued. These plans will be made available to the Building Inspector. Plumbing Permit must be placed in front window facing the street. The Building Inspector will be given a minimum of 48 hours notice to make the required inspection and no work will continue until such inspection has been completed and approved. The owner or his/her representative will be responsible to arrange for all required inspections.

State of New York]

County of Nassau]

Property Owner (Please Print) _____ 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 32, Block ____ Lot(s) _____ situated, lying and being within the Village of Bellerose; that I have read and understand the Authorization above, 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 _____

Incorporated Village of Bellerose
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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.

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

NGHW (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	FLOOR	LOT (S)	BOH DIST #	PERMIT #	SPECIFIC LOT/NO DESIGNATION

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

ADDRESS OF PROPERTY: _____

CITY, TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION: _____

WORK MUST BEGUN BY _____

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

- | | |
|---|--|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> FIRE DAMAGE |
| <input type="checkbox"/> ADDITION (CHANGE IN S.F.) | <input type="checkbox"/> GARAGE/OUT BUILDING |
| <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) | <input type="checkbox"/> PLUMBING |
| <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 |

DOES RESIDENCE HAVE THE FOLLOWING

- CENTRAL AIR YES NO
- FINISHED ATTIC YES NO
- BASEMENT FINISH**
- 1/4 1/2 3/4 FULL

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHUB				
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 NO
- VARIANCE OBTAINED YES NO
- CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO
- SURVEY ENCLOSED YES NO

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person - Sign & Print

Address of Applicant/Contact Person

Telephone

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)	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	Check one	NAME OF BUSINESS

CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION	PHONE

DATE TO COMPLETE	<input type="checkbox"/> STEEL	EMAIL

LOT SIZE S.F.	<input type="checkbox"/> MASONRY	If you wish to group or apportion lots, please call 516-571-1500 for more information.
# BLDGS ON LOT	<input type="checkbox"/> OTHER	

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		<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">EXISTING S.F. AREA</th> <th colspan="2">PROPOSED S.F. AREA</th> </tr> <tr> <th>Use</th> <th>Size SF</th> <th>Use</th> <th>Size SF</th> </tr> </thead> <tbody> <tr> <td>BSMT</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1ST</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1ST addnl use</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2ND</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>UPPER FLOORS</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TOTAL # FLOORS</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					EXISTING S.F. AREA		PROPOSED S.F. AREA		Use	Size SF	Use	Size SF	BSMT	_____	_____	_____	_____	1ST	_____	_____	_____	_____	1ST addnl use	_____	_____	_____	_____	2ND	_____	_____	_____	_____	UPPER FLOORS	_____	_____	_____	_____	TOTAL # FLOORS	_____	_____	_____	_____																																				
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COMMENTS

Approved By _____

Date of Granting of Permit _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person _____

FIELD REPORT ON REVERSE

Please Print Name _____ Tele # _____

Township

School District

Section

Block

Lots)

Date