MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

STRUCTURE DEMOLITION PERMIT

Incomplete applications will not be accepted
All fees are non-refundable
The following shall be submitted in whole as applicable.

1. Signed and notarized Demolition Permit Application (attached). The application must include date(s) and time(s) specified demolition work is to commence. **A separate Demolition Permit Application must be submitted for each structure or portions of different structures to be demolished**. This application is intended for major demolition work and not for selective or portions of a structure in which demolition work would be ancillary work required for alterations and or additions.

2. Demolition Company must be licensed with the Inc. Village of Malverne.

3. Completed copy of Nassau County Assessment sheet signed by property owner (copy attached).

4. Affidavit of absence of asbestos completed by a licensed abatement contractor (copy attached).*** A copy of the NYS Dept. of Health Asbestos Handling license must be submitted with the affidavit.**

5. Affidavit of absence of lead based paint completed by a licensed engineer or a registered contractor (copy attached).*** A copy of Certificate of Completion for Lead Renovator per 40CFR Park 745.225 from EPA must be submitted with the affidavit.**

6. Rodent certification letter from **NASSAU COUNTY DEPARTMENT OF HEALTH** (see attached instructions).

7. Letter attesting to electric/gas shutoff from **PSEG-LI** and **NATIONAL GRID**.

8. Letter attesting to water service shutoff from **NY AMERICAN WATER.**

9. Letter attesting Sewer disconnect from **NASSAU COUNTY DPW.**

10. Proof of notification of intent to demolish sent to all adjoining property owners by Certified Mail; Return Receipt Requested must be submitted. You may use the attached form letter. A copy must be submitted to the Building Department along with the names and addresses of all those notified and the signed green return receipt postcards.

11. Check or money order in the amount of **$350.00**, made payable to the Incorporated Village of Malverne.

12. New survey is required with any change in lot coverage, if applicable.

13. Any excavation shall require utility and underground verification as per all state and county laws. By law, excavators and contractors working in New York City and Nassau & Suffolk Counties on Long Island must contact New York 811 at least 2 full business days not including the day of call, prior to digging by dialing 811

14. Provide plot plan or marked up survey locating building / structure to be demolished.

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

STRUCTURE DEMOLITION PERMIT

Please type or print clearly

Date: _____

Property Owner:_____

Property Address: _____Malverne, NY 11565

Section:_____ Block:_____Lot(s):_____

Property Owner Phone Number: _____Email Address:_____

Notice is hereby given that I intend to DEMOLISH the building / structure herein described and located, and the undersigned hereby agrees to comply with all rules and regulations of the Building Department of the Incorporated Village of Malverne, the provisions of the building code of the Village of Malverne, and with every other provision of law relating to this subject.

The demolition work is to begin on: _____
(Date)

Type of building to be demolished: [ ] Dwelling [ ] Garage [ ] Other:_____

Dimensions: _____ feet, front _____ feet, rear _____ feet, deep Height in stories:_____

Contractor:_____

Address:_____ Phone: _____

Email: _____Malverne Village Contractor License No.: _____

_____ _____
(Print Owner Name) (Address)

who is the OWNER of the property on which the structure is to be demolished as herein described and being duly sworn deposes and says that the application subscribed herein is correct to the best of the knowledge of the deponent.

_____ _____
Signature of Demolition Contractor **Signature of Property Owner**

Sworn to before me this _____day of _____

NOTARY SIGNATURE_____

SEAL:

Village Approval Signature and Stamp

No registered contractor shall sign a Demolition permit application or act as an agent for a person who is not a licensed contractor in the Village of Malverne. I understand by signing below that my license in the Village of Malverne could be in jeopardy by violating the above section. Applicant certifies that all information given is correct and that all work shall conform to the current NYS Residential, Building, Plumbing, Fire, Existing Building, Fuel Gas, Energy Conservation, Property Maintenance and Mechanical Codes and all Village Ordinances for which this permit is issued.

MALVERNE BUILDING DEPARTMENT APPLICATION

AFFIDAVIT OF NOTICE OF INTENT TO DEMOLISH A STRUCTURE

STATE OF NEW YORK

COUNTY OF NASSAU

DATE: _____

I, _____ certify that I have notified the owners of all properties

adjoining: _____, Malverne, NY.

at which property the: _____ is to be demolished.

Attached is a copy of the letter sent and a list of names and addresses of all those notified.

_____

Signature

Sworn to before me this

_____day of_____, 20

_____

Notary Public

MALVERNE BUILDING DEPARTMENT APPLICATION
99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

AFFIDAVIT OF ABSENCE OF ASBESTOS

Date: _____

To: Incorporated Village of Malverne
99 Church Street, Malverne, NY 11565

Re: Request for Demolition Permit

I, _____
Print name and company name of licensed Abatement Contractor

on behalf of the owner of the premises in the Incorporated Village of Malverne known as:

_____
Address

Section _____ Block _____ Lot(s) _____

Do hereby petition the Incorporated Village of Malverne Building Department to issue a demolition permit based on a personal inspection of the structure and that no asbestos is found to exist on the premises. A report of my findings is attached.

My signature and seal affixed herewith.

_____
(Licensed Abatement Contractor)

MALVERNE BUILDING DEPARTMENT APPLICATION
99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

AFFIDAVIT OF ABSENCE OF LEAD BASED PAINT

Date: _____

To: Incorporated Village of Malverne
99 Church Street, Malverne, NY 11565

Re: Request for Demolition Permit

I,_____
(Print name and company name of Registered Contractor, Engineer or Licensed Abatement Contractor)

on behalf of the owner of the premises in the Incorporated Village of Malverne located at:

_____
Address

Section _____ Block _____ Lot(s) _____

Do hereby petition the Incorporated Village of Malverne Building Department to issue a demolition permit based on a personal inspection of the structure and that no lead based paint is found to exist on the premises. A report of my findings is attached.

My signature and seal are affixed herewith.

_____
(Registered Contractor, Engineer or Licensed Abatement Contractor)

NASSAU COUNTY DEPARTMENT OF HEALTH
Office of Community Sanitation
200 County Seat Drive
Mineola, New York 11501
516-227-9715

RODENT FREE CERTIFICATION BEFORE DEMOLITION
APPLICATION INSTRUCTIONS

1. Obtain the Nassau County Department of Health *Rodent Free Certification Application* using one of the following methods*:*
   - Call the office and request the application be mailed or faxed.
   - Pick up the application at the office.
   - Download the application from the Nassau County Department of Health website.

2. Front of application:
   - Print location of the Demolition, include Street address, Village, Cross Street, Section, Block and Lot Information.
   - Indicate Demolition Type: Check the box for Complete or Partial
   - Indicate Property Usage: Check the box for Residential, Industrial, Commercial or Mixed Use
   - Provide Disconnect Information: Check Yes or No box for Water, Electric, Gas, Sewer Utilities and Fuel oil Tank Disconnect.
   - Provide Fuel Oil Tank Information for this Property:
     Check Yes or No box to indicate Underground tank(s), Aboveground Tank(s) on site.
     Provide Tank Information: # of Tanks on site, Tank size(s).
     Check Yes or No box if tank was removed and provide the Tank Removal Date.
   - Provide Information on Ground Disturbance on Site Prior to the Rodent Free Inspection:
     Check Yes or No box to indicate work done on site prior to this application.
     List the work done to date on site.
   - Provide Access and Safety Information:
     Check Yes or No box to indicate if there are Construction gates on site or any other barriers that prevent entry to the site.
     Provide the combination lock access code or indicate location of the key for the lock.
     Check Yes or No box to indicate if the property, building safe to walk around.
     List any physical hazards on site.

3. Page 2 of the application:
   - Provide a hand drawn sketch of the property. Indicate the buildings to be demolished in relationship to that street.
   - Provide the Contact Information for the Property Owner, Demolition Company and the person requesting the Rodent free Certification and the title of the person making the request.
   - Check the box for Office pick-up, Leave on site or Other to indicate the method you wish to obtain the Completed Rodent Free Certificate.
   - Read the last Sections “Applicant Acknowledges the Following” and “Penalties”
   - Print, sign and date the bottom of the application.
   -

APPLICATION SUBMISSION

1. Submit the Application to the Health Department by mail or in person with the application fee of ***$250.00 (two hundred fifty dollars****).*
2. Payment must be in the form of a Certified Bank Check or Money Order made payable to : ***“Nassau County Department of Health”***
3. Note the following:
   - Cash, personal checks, or business checks will ***not*** be accepted.
   - Inspection of the site will ***not*** be made without payment of the application fee.

NASSAU COUNTY DEPARTMENT OF HEALTH
Office of Community Sanitation
200 County Seat Drive
Mineola, New York 11501
516-227-9715

RODENT FREE CERTIFICATION BEFORE DEMOLITION APPLICATION

RODENT FREE APPLICATION DEMOLITION LOG # D

FOR OFFICE USE ONLY

DATE RECEIVED:	ASSIGNED TO :

PAYMENT TYPE:

Bank Check ☐	ID#
Money Order ☐	ID#

DEMOLITION LOCATION INFO

STREET ADDRESS			
VILLAGE			
CROSS STREET	*SECTION*	*BLOCK*	*LOT(S)*

DEMOLITION TYPE

COMPLETE DEMOLITION ☐ ***ALL*** Building(s) / Structure(s) to be Demolished	***PARTIAL DEMOLITION*** ☐ ***ONLY a Portion*** of the Building(s)/ Structure(s) is to be Demolished*
**** ON PARTIAL DEMOLITIONS -*** *List the Structures(s) to be Demolished*	

PROPERTY USAGE

Residential ☐	Industrial ☐	Commercial ☐	Mixed Use (Describe) ☐

DISCONNECT INFORMATION

Water		Electric		Gas		Sewer		Fuel Oil Tank	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

FUEL OIL TANK(S) INFORMATION

Underground Tank(s)		Aboveground Tank(s)		# of Tanks	Tank Size	Tank Removed		Tank Removal Date
Yes	No	Yes	No			Yes	No	
☐	☐	☐	☐			☐	☐	

GROUND DISTURBANCE ON PROPERTY PRIOR TO THE RODENT FREE INSPECTION

ANY WORK DONE on Property ***PRIOR*** to this APPLICATION?	YES * ☐	NONE ☐
** **LIST** The GROUND DISTURBANCE WORK done on the Property :*		

ACCESS AND SAFETY

ANY Construction Gates/ Barriers surrounding Property that can prevent entry to property?	YES* ☐	NO ☐
NEED a KEY OR LOCK CODE to enter?	YES* ☐	NO ☐
*<u>*List*</u> Location of the KEY - or - *<u>*List*</u> Lock Code for entry:		
Is it ***SAFE*** to walk around Property, Building(s) or Structure(s)?	YES ☐	NO* ☐
** **LIST** ALL Physical Hazards on the Property:*		

Continue to PAGE 2 →→

REVISED: 12/2015

Log#	Address	Hamlet

PROVIDE IN SPACE BELOW -SKETCH OF PROPERTY WITH THE LOCATION OF ALL BUILDINGS/STRUCTURES ON SITE

CONTACT INFORMATION - PROPERTY OWNER

NAME	ADDRESS	TELEPHONE NUMBER(S)

CONTACT INFORMATION - DEMOLITION COMPANY

NAME	ADDRESS	TELEPHONE NUMBER(S)

CONTACT INFORMATION - PERSON REQUESTING RODENT FREE CERTIFICATION

NAME	ADDRESS	TELEPHONE NUMBER(S)

TITLE:	DEMO CONTRACTOR ☐	AGENT ☐	EXPEDITER ☐	OTHER ☐

RODENT FREE CERTIFICATE - METHOD TO OBTAIN COMPLETED CERTIFICATE

Office pick-up ☐	Leave on site ☐	Other (Describe):_____

APPLICANT ACKNOWLEDGES THE FOLLOWING:

1) ***NO*** demolition work can begin without an inspection of the property, including the exterior of all structures on the premises and grounds by a Nassau County Department of Health representative to determine if there is rodent activity. If rodent activity has been identified on the property, then extermination by a New York State licensed exterminator is required to prevent the spread of rodents throughout the neighborhood. No work can be started until extermination is complete.

2) Building(s) / structure(s) on this property must be intact and the land must remain in an unaltered state for the inspection to take place. If any work is done on the property that results in ground disturbance ***BEFORE*** *the* inspection takes place, then the inspection is deemed INVALID and the Rodent Free Certificate will not be issued by the Nassau County Department of Health.

3) The issued Rodent Free Certificate is ***valid for ten (10) days*** from the date of inspection of the property. Demolition of the building(s) and/or structure(s) on the premises MUST be completed within ten (10) days from the date of issuance of certification by the Department of Health.

4) ***PENALTIES****

Any person, firm or corporation that violates Nassau County Public Health Ordinance, ArticleVII, Section 13, by demolishing any building(s) and/or structure(s) on the above referenced property *without* obtaining a Rodent Free Certificate issued by the Nassau County Department of Health, WILL be subject to enforcement action by this Department.

ACKNOWLEDGEMENT SIGNED (BELOW):

APPLICANT
PRINT NAME:

APPLICANT SIGNATURE:	DATE:

TITLE:

BUILDING PERMIT
COMMERCIAL OR MIXED USE
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

DATE REC'D

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	☐ OWNER OR ☐ LESSEE	CONTACT PERSON
ESTIMATED COST OF CONSTRUCTION:			ADDRESS
			CITY, STATE, ZIP
DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION		PHONE
DATE TO COMPLETE	☐ STEEL		EMAIL
LOT SIZE S.F.	☐ MASONRY	Grouping or apportioning lots? Yes_____ No_____	
# BLDGS ON LOT	☐ OTHER	List existing lots:	
DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)		Proposed lots:	

CHECK ALL THAT APPLY

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ OTHER (Describe) _____
- ☐ FAÇADE
- ☐ BASEMENT RENO
- ☐ HVAC
- ☐ ROOF
- ☐ PLUMBING

	SIZE	QUANTITY
☐ ELEVATORS		
☐ SPRINKLERS		
☐ SOLAR		
☐ ANTENNA		
☐ BILLBOARD		
☐ SATELLITE DISH		

USE BY SIZE AND FLOOR

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT				
1ST				
1ST				
2ND				
ADDNL FLOORS				
TOTAL # FLOORS				

List additional use below

Residential

	EXISTING # UNITS	PROPOSED # UNITS
☐ CO-OP		
☐ CONDO		
☐ RENTAL		
Studio		
1BDRM		
2BDRM		
3BDRM		
4 BDRM		
OTHER (Describe)		

DATE OF GRANTING OF PERMIT _____

_____
Signature of Applicant/Contact Person

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

_____
Address of Applicant/Contact Person Tele #

FIELD REPORT ON REVERSE

Rev 08/11

BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (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:

Check one

☐ OWNER OR ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

WORK MUST BEGIN BY

PERMIT EXP DATE

LOT SIZE S.F.

BLDGS ON LOT

PRINCIPLE TYPE OF CONSTRUCTION

☐ STEEL ☐ MASONRY ☐ FRAME

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

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ MAINTAIN (PRE-EXISTING)
- ☐ RECONSTRUCTION
- ☐ DECK, TERRACE, PORCH, CARPORT
- ☐ DORMERS
- ☐ OTHER _____
- ☐ FIRE DAMAGE
- ☐ GARAGE/ OUT BUILDING
- ☐ HVAC
- ☐ PLUMBING
- ☐ RELOCATION
- ☐ REPLACEMENT
- ☐ SWIMMING POOL
- ☐ TENNIS COURT
- ☐ 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				
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 C/O 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 _____

Signature of Applicant/Contact Person - Sign & Print

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person Telephone

FIELD REPORT ON REVERSE

Rev 08/11

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