



BUILDING PERMIT REQUIREMENTS

BUILDING PERMIT APPLICATION – completed and signed (make sure that you have the correct mailing address for the applicant, engineer/architect and builder). **FORMS NOT AVAILABLE ON LINE**

PLUMBING PERMIT APPLICATION – completed, signed and notarized by plumber (If homeowner is doing work, sign bottom of application).

TRANSACTIONAL DISCLOSURE – completed and sign

CERTIFICATION OF STRUCTURES FORM – completed and signed.

EXISTING CONSTRUCTION AFFADAVIT—completed and notarized

AFFIDAVIT FOR HEALTH DEPARTMENT REQUIREMENTS—(additions to existing structures)

SURVEYS – TWO (2) PHOTO COPIES OF A SURVEY – Surveys must be complete, legible, full size and to scale. The surveyor's seal and the survey date and/or revision date must be on the survey. The distance from the nearest tie street must be indicated. Pencil in existing/proposed additions or accessory structures, show exact dimensions and distance to property lines.

PLANS – TWO (2) SETS OF CONSTRUCTION PLANS FOR ALL PERMITS.

Proposed and existing additions to one- and two- family residences must have plans prepared by a Registered Architect or Professional Engineer. Plans to be a minimum scale of 1/4" to one foot. Plans must demonstrate compliance with the NYS Uniform Fire Prevention and Building Code and the Energy Code of NYS including all dimensions, structural details, insulation values, anchor bolts, hold downs and strapping details, windows and door styles and sizes, live and dead loads, siding and roofing materials, ventilation details and uses for each space.

Manufacturer's specifications are to be submitted for heating units, air-conditioning units, stoves and factory-built fireplaces.

ONE (1) **PHOTO COPY** of tax bill (may be an old bill) or tax printout from the Receiver of Taxes.

ONE (1) **PHOTO COPY** of all Certificates of: Occupancy, Compliance, Existing Use, or Zoning Compliance for all existing structures on premises.

WORKERS COMPENSATION AND DISABILITY – (Proposed Structures) – The only Certificate of Insurance forms accepted as proof of Workers Compensation from builder/contractor are: C-105.2 (9-07), SI-12, U-26.3, GSI-105.2, WC/DB-100, and Disability are: WC/DB-100, db-120.1 or DB-155. The Village of Mastic Beach must be named as Certificate Holder. ***NO ACORD FORMS WILL BE ACCEPTED.*** If the **HOMEOWNER** is doing their own work, they must complete form **BP-1** and **HAVE IT NOTARIZED**. For additional information please call Steve Carbone at NYS WC Board 518-486-6307.

STATEMENT of estimated cost (materials and labor) for structures that are not calculated by the square foot. (I.E.: decks, pools, sheds, covered porches and gazebos) to be done by Architect, Engineer or General Contractor.

FEE-You must pay when application is accepted based on sq. footage and/or cost of materials. (Minimum \$55.00) Cash/check only.

Suffolk County Health Dept. (If applicable) 852-5700

Environmental permits (VMB) and/or (N.Y.S.) (if applicable)

Historic District Advisory Committee approval (if applicable)

Homeowners Association approval letter (If you reside in a condominium, townhouse, co-op or certain residential areas)

Incorporated Village of Mastic Beach

APPLICATION FOR BUILDING AND ZONING PERMIT

Each application must be typewritten or printed and have all information answered. Incomplete or illegible applications will not be accepted. APPLICATION is hereby made for a permit to do the following work, which will be done in accordance with the description, survey and plans submitted pursuant to Section 57 of the Worker's Compensation Law, Zoning Ordinances, Building Code and all other applicable ordinances and laws.

Article 15 of the Executive Law of the State of New York, Section 296-5 (A) (1) prohibits discrimination in the sale, rental or lease of housing accommodations because of race, creed, color or national origin.

ZBA # _____

Applicant _____ No. & St. _____

Village or City _____ State _____ Zip _____ Phone _____

Architect or Engineer _____ No. & St. _____

Village or City _____ State _____ Zip _____ Phone _____

Contractor or Builder _____ No. & St. _____

Village or City _____ State _____ Zip _____ Phone _____

Property located at No. _____ N.S.E.W. side _____ Distance _____

N.S.E.W. of _____ Village _____ State of New York.

Map _____ Section _____ Block _____ Lot/s _____

Owner of record on tax rolls _____ Owner Address _____

County Tax Map Section _____ Block _____ Lot _____

Use and size of proposed work _____

This application must be signed in two places below, by the owner and the applicant, even when they are the same.

I hereby certify that I am the owner of the property that is the subject of this application and acknowledge that the described work is intended to take place on said property. By signing this application, I acknowledge that there may be restrictive covenants or agreements held by private and/or public entities and do agree to fully comply with all requirements of said covenants and/or agreements. Any false statement made herein is punishable as a misdemeanor pursuant to § 201.45 of New York Penal Law.

Date: _____ Print Name: _____ Signature: _____

OWNER

I hereby certify that I have examined this complete application and the statements therein are true and correct, and that all work shall be done in accordance with all applicable Town, County, State and Federal Laws. By signing this application, I acknowledge that there may be restrictive covenants or agreements held by private and/or public entities and do agree to fully comply with all requirements of said covenants and/or agreements. Any false statement made herein is punishable as a misdemeanor pursuant to § 201.45 of New York Penal Law.

Date: _____ Print Name: _____ Signature: _____

This application must be signed in two places above, by the owner and the applicant, even if they are the same.

FOR BUILDING USE ONLY:

| | | | |
|---|--|-----------------------|--|
| Proposed use | Permit #: _____ | Issued: _____ | |
| <input type="checkbox"/> Zoning District | Receipt #: _____ | Issued: _____ | |
| <input type="checkbox"/> Property Area | 1st floor area: _____ | sq. ft. _____ = _____ | |
| <input type="checkbox"/> Property Width | 2nd floor area: _____ | sq. ft. _____ = _____ | |
| <input type="checkbox"/> Front Yard Setback | Accessory area: _____ | sq. ft. _____ = _____ | |
| <input type="checkbox"/> Rear Yard Setback | Permit Fee: _____ Estimated Value: _____ | | |
| <input type="checkbox"/> Side Yard Setback | Add. Fee: _____ | | |
| <input type="checkbox"/> Side Yard Setback | Plmg. Fee: _____ | | |
| <input type="checkbox"/> S.C.H.D. | TOTAL: _____ C/A _____ | | |
| <input type="checkbox"/> Survey | Permit approved date _____ Per: _____ | | |
| <input type="checkbox"/> Plans | | | |
| <input type="checkbox"/> Other | | | |

Permit Denied (expires in 60 days) date _____ Per: _____

Remarks: _____

CO #: _____ Issued: _____ Approved for issuance of certificate Per: _____

CC #: _____ Issued: _____

- Remarks:
- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Bldg. Insp. Approved | <input type="checkbox"/> 7. Planning Board approved | <input type="checkbox"/> 13. Disclosure approved |
| <input type="checkbox"/> 2. Plumbing Insp. approved | <input type="checkbox"/> 8. Highway Dept. approved | <input type="checkbox"/> 14. Smoke approved |
| <input type="checkbox"/> 3. Final Survey approved | <input type="checkbox"/> 9. Assessment Cert. approved | <input type="checkbox"/> 15. Energy STAR approved |
| <input type="checkbox"/> 4. Electric Cert. approved | <input type="checkbox"/> 10. Lead Test approved | <input type="checkbox"/> 16. Pictures approved |
| <input type="checkbox"/> 5. S.C.H.D. approved | <input type="checkbox"/> 11. Debris Affidavit approved | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 6. Fire Prevention approved | <input type="checkbox"/> 12. Steel Affidavit approved | |

Building Permit #

Department of Building and Fire Prevention
P.O. Box 521, 427 Neighborhood Road, Mastic Beach, NY 11951
Phone 631-772-4368 • Fax 631-772-2432

**MINIMUM
PLUMBING FEE**

\$55.00

Building Permit #: _____ Register Receipt # _____ Date: _____

I hereby make application for a permit to do plumbing work in accordance with the New York State Uniform Fire Prevention and Building Code in a building as described below: Date of Application: _____

1. Location of Building: _____
2. Name of Owner: _____
3. Owner's Address _____
4. Tax Map Number: _____
5. New or Old Building: _____ Residential or Commercial: _____
6. Number of Families or Number of Stores: _____

| | Basement | 1 st Floor | 2 nd Floor | 3 rd Floor | Other | Total | Residential | Commercial | Total Fee |
|---------------------------------------|----------|-----------------------|-----------------------|-----------------------|-------|-------|-------------|------------|-----------|
| Air Handlers | | | | | | | \$10.00 | \$10.00 | |
| Bath Tubs | | | | | | | \$ 5.00 | \$ 5.00 | |
| Blowers/Boilers/Space Heaters/Furnace | | | | | | | \$10.00 | \$10.00 | |
| Central A. C. | | | | | | | \$15.00 | \$25.00 | |
| Dishwasher | | | | | | | \$ 5.00 | \$ 5.00 | |
| (Floor) Drains | | | | | | | \$ 5.00 | \$20.00 | |
| (Roof) Drains | | | | | | | \$ 5.00 | \$ 20.00 | |
| Hot Water Supply - Oil/Gas Tank-less | | | | | | | \$ 5.00 | \$ 5.00 | |
| Indirect Waste | | | | | | | \$ 5.00 | \$ 5.00 | |
| In-ground Tank Installation | | | | | | | \$25.00 | \$50.00 | |
| Kitchen Sinks | | | | | | | \$ 5.00 | \$ 5.00 | |
| Lavatories (Bathroom Sinks) | | | | | | | \$ 5.00 | \$ 5.00 | |
| Lawn Sprinklers | | | | | | | \$20.00 | \$30.00 | |
| Outside Hose Bibs | | | | | | | \$ 5.00 | \$ 5.00 | |
| Outlet (Future) | | | | | | | \$ 5.00 | \$ 5.00 | |
| Showers | | | | | | | \$ 5.00 | \$ 5.00 | |
| Utility Sinks/Laundry Tubs | | | | | | | \$ 5.00 | \$ 5.00 | |
| Hydronic Solar Collectors | | | | | | | \$20.00 | \$30.00 | |
| Stacks (Number Of) | | | | | | | \$20.00 | \$30.00 | |
| Urinals | | | | | | | \$ 5.00 | \$ 5.00 | |
| Washing Machines | | | | | | | \$ 5.00 | \$ 5.00 | |
| Water Closets (Toilets) | | | | | | | \$ 5.00 | \$ 5.00 | |
| Hand Sink | | | | | | | \$ 5.00 | \$ 5.00 | |
| Drinking Fountain | | | | | | | \$ 5.00 | \$ 5.00 | |
| Other () | | | | | | | | | |
| Other () | | | | | | | | | |

* Supply riser diagram noting pipe diameter and material with this application*

Section: _____ Block: _____ Lot: _____ Total Fee: \$ _____ Check
 Cash

Suffolk County Consumer Affairs License # _____ Expiration Date: _____

Plumber's Name: _____ Telephone Number: _____

Business Address: _____

Plumber's Signature

Homeowner's Signature

Permit Approved By: _____ Date: _____

Sworn to before me, this _____ day of _____ 20____

Notary Public

*Draw plumbing elevations on reverse side of this copy

LAWS OF NEW YORK, 1998
CHAPTER 439

The **general municipal law is amended by adding a new section 125** to read as follows:

□ 125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors and Business Owners

For **businesses listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (WC/DB-100 or WC/DB-101),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1(11/04).

- ◆ Form BP-1(11/04) shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(11/04), but shall either:
 - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form) or, if appropriate, file a WC/DB-100 exemption form, OR
 - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

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

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

I am performing all the work for which the building permit was issued.

I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.

I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number

Property Address that requires the building permit:

Sworn to before me this _____ day of

_____, _____.

(County Clerk or Notary Public)



Affidavit for Health Department Requirements for Additions to Existing Structures

PREMISES LOCATED AT

SCTM number _____

STATE OF NEW YORK)

: ss:

COUNTY OF SUFFOLK)

I, _____, residing at _____

certify that the existing number of bedrooms at the above location is _____ and when the construction for which this building permit is issued is complete, the total number of bedrooms at this location will be _____.

I also certify that the proposed construction **will / will not** make it necessary to relocate any part of my existing sewage disposal system.

Complete this section for existing structures:

The construction of the addition commenced on _____ . Proof of construction date required.
(month/day/year)
(Bills, contract, as built survey, electrical certificate will serve as proof)

Dated and signed this _____ day of _____, 20____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____ .

(Notary Public)

Department of Building and Fire Prevention



369 Neighborhood Road, Mastic Beach, NY 11951
Phone 631-772-4368 • Fax 631-772-2432

TRANSACTIONAL DISCLOSURE FORM (Conflict of Interest Form)

A Transactional Disclosure form is required when someone submits certain applications to the Village of Mastic Beach. The purpose of the disclosure is to alert the Village if a party of influence has an interest in this application or if someone within the Village who will participate in the decision has an interest. This Disclosure Form must be NOTARIZED.

***Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name _____ Address _____

City _____ State ____ Zip _____

Telephone _____ Email _____ Fax _____

This form is for:

An individual A partnership
A corporation An association

Nature of Application:

| | |
|---|-------------------------------------|
| Tax Grievance for non-residential parcel | Variance |
| Amendment | Change of Zone |
| Approval of Plat | Exemption from Plat or Official Map |
| License or Permit affecting real property | Bidding on contract(s) |

Affected parcel (address) _____

Does any officer or employee of the Village of Mastic Beach, member of an executive committee of a political party, or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? Yes ____ No ____

If Yes, complete the appropriate section below.
If No, sign and date at end of form.

Please complete the following relevant section below:

For individual:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

For corporation:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded.

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

For partnership or association:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Does the owner hold greater than five percent (5%) interest of publicly traded shares?

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

ALL APPLICANTS PLEASE FILL OUT BELOW:

Print Name _____ Date _____

Signature _____

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(
Notary Public



Incorporated Village of Mastic Beach

CERTIFICATION OF STRUCTURES FORM

The purpose of this form is to determine if there are any additions, modifications to the dwelling or accessory structures on the property, that have not previously been certified by the Village of Mastic Beach. Non-compliance will prevent you from receiving a Certificate of Occupancy or a Certificate of Compliance for work you are currently applying for.

Are there any accessory structures or additions constructed on the property that are not shown on the survey you are submitting with this permit application? Yes _____ No _____

Is there an apartment in any structure on the premises? Yes _____ No _____

Are there any covenants and restrictions on this property? Yes _____ No _____

Are there any Clearing Limits? Yes _____ No _____

Are there any Natural Buffers? Yes _____ No _____

If you have answered YES to any of the above questions, please check the item/s that are constructed on your property:

| | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Decks | <input type="checkbox"/> Swimming pools | <input type="checkbox"/> Sheds | <input type="checkbox"/> Detached Garages |
| <input type="checkbox"/> Finished Basements | <input type="checkbox"/> Porches/Screened Porches | <input type="checkbox"/> Additions | <input type="checkbox"/> Outside cellar entrances |
| <input type="checkbox"/> Gazebos | <input type="checkbox"/> Wood Platforms/Ramps | <input type="checkbox"/> Fireplaces | <input type="checkbox"/> Garage Conversions |
| <input type="checkbox"/> Fences | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Barn | <input type="checkbox"/> Other |

Property Owner's Name: _____
Print or Type

Property Owner's Signature: _____ Date: _____

OR

Applicant's Signature: _____ Date: _____

Applicant's Address: _____

369 Neighborhood Road, Mastic Beach, NY 11951
631-772-4368 631-772-2432 Fax