

OFFICE OF THE BUILDING INSPECTOR

VILLAGE OF LATTINGTOWN, NASSAU COUNTY, NEW YORK

Examined _____ 20_____
Approved _____ 20____ Permit No. _____
Disapproved a/c _____

Building Inspector

Application for Building Permit

Date _____ 20____

INSTRUCTIONS

- a. This application must be completely filled in and submitted in duplicate to the Building Inspector.
- b. A survey of the property and a plot plan showing location of existing and proposed buildings on premises, relationship to adjoining premises or public streets or areas must be submitted in duplicate.
- c. This application must be accompanied by two complete sets of plans showing proposed construction. Plans shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. When work exceeds \$20,000 in cost or work involves structural alterations, plans must be filed by a Registered Architect or a Professional Engineer. At the completion of the work Architect or Engineer will certify to the Building Inspector that the work was completed in accordance with the approved plans.
- d. The work covered by this application shall not be commenced before the issuance of a Building Permit.
- e. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant together with an approved, duplicate set of plans. Such permit and approved plans shall be kept on the premises available for inspection throughout the progress of the work.
- f. No building shall be occupied or used in whole or in part for any purpose whatever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Inspector.
- g. Contractor must provide proof of insurance as per the attached requirements.

Location _____
(Give street number, name, side and distance from nearest cross street)

Map: _____ Section: _____ Block _____ Lot: _____

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the applicable Building Code and Zoning Ordinance for the construction of buildings, additions or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

(Signature of applicant)

(Address of applicant)

(Telephone number of applicant)

State whether applicant is owner, lessee, agent, architect, engineer or builder: _____

Name, address and telephone number of owner of premises: _____

If owner or applicant is a corporation, give names and titles of two officers and signatures of duly authorized officer.

(Name and title of corporate officer)

1. State existing use and occupancy of premises and intended use and occupancy of proposed construction:
a. Existing use and occupancy _____
b. Intended use and occupancy _____

2. Nature of work (check which is applicable): New Building _____ Addition _____ Alteration _____
Repair _____ Removal _____ Demolition _____

3. Estimated Cost* _____ Deposit Fee _____
(to be paid on filing this application)
Building Permit Fee _____
(Balance to be paid upon approval of application)

4. Zone or use district in which premises are situated _____

5. Does proposed construction violate any zoning law, ordinance or regulation? _____

6. Name of Architect or Engineer _____
Address _____ Phone No. _____
Name of Contractor _____
Address _____ Phone No. _____

7. Electrical Work must be signed by, and a Certificate of Approval obtained from a Electrical Inspector licensed by the Village of Lattingtown.

• Costs for the work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.

STATE OF NEW YORK,

COUNTY OF _____ } ss.:

_____ being duly sworn, deposes and says that he is
(Name of individual signing the application)

The applicant above named. He is the _____
(Contractor, agent, corporate officer etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true and to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications file therewith.

Sworn to before me
this _____ day of _____ 20 _____
(Signature of applicant)

Notary Public _____ County

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

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Applicant shall maintain at a minimum the following insurance coverages, **giving evidence of same to the Incorporated Village of Lattingtown, on the form of Certificates of Insurance stating all work performed at any and all locations, copies of the General Liability Declaration Page and 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. All subcontractors must adhere to the same insurance requirements.

I. WORKER'S COMPENSATION AND NYS DISABILITY

Coverage	Statutory
Extensions	Voluntary compensation All states coverage; Employers liability – unlimited
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
Additional Insured	Incorporated Village of Lattingtown and all appointed and elected officials, employees and volunteers Using ISO form CG2026 or equivalent
Mandatory	Contractual Liability to cover the Hold Harmless; Aggregate Limits per project;

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 Lattingtown and all appointed and elected officials, employees and volunteers

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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 Lattingtown and all appointed and elected officials, employees and volunteers

V. HOLD HARMLESS/INDEMNIFICATION AGREEMENT

The applicant/contractor shall indemnify and hold the Municipality 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, 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_____.

Applicant - Name of Firm - Contractor

Address

Contractor's Signature

(Please Print Name and Title)

Witness:

Signature

Date

Print Name

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.