



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 #

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FOR OFFICE USE ONLY

DATE RECEIVED:	ASSIGNED TO:
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PAYMENT TYPE:	
Bank <input type="checkbox"/>	ID#:
Check <input type="checkbox"/>	

Money <input type="checkbox"/>	ID#:
Order <input type="checkbox"/>	

DEMOLITION LOCATION INFO	STREET ADDRESS			
	VILLAGE			
	CROSS STREET	SECTION	BLOCK	LOT(S)

DEMOLITION TYPE

COMPLETE DEMOLITION <input type="checkbox"/> ALL Building(s) / Structure(s) to be Demolished	PARTIAL DEMOLITION <input type="checkbox"/> ONLY a Portion of the Building(s)/ Structure(s) is to be Demolished*
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*** ON PARTIAL DEMOLITIONS -**
 List the Structures(s) to be Demolished

PROPERTY USAGE

Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	Commercial <input type="checkbox"/>	Mixed Use (Describe) <input type="checkbox"/>
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DISCONNECT INFORMATION

Water		Electric		Gas		Sewer		Fuel Oil Tank	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

GROUND DISTURBANCE ON PROPERTY PRIOR TO THE RODENT FREE INSPECTION

ANY WORK DONE on Property PRIOR to this APPLICATION?	YES* <input type="checkbox"/>	NONE <input type="checkbox"/>
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*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* <input type="checkbox"/>	NO <input type="checkbox"/>
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NEED a KEY OR LOCK CODE to enter?	YES* <input type="checkbox"/>	NO <input type="checkbox"/>
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*List Location of the KEY - or -
 *List Lock Code for entry:

Is it SAFE to walk around Property, Building(s) or Structure(s)?	YES <input type="checkbox"/>	NO* <input type="checkbox"/>
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*LIST ALL Physical Hazards on the Property:

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