



INCORPORATED VILLAGE OF OCEAN BEACH

P. O. Box #457, Ocean Beach, NY 11770

Phone 631 583-5940/Fax (631 583-7597

www.villageofoceanbeach.org

BUILDING PERMIT APPLICATION CHECKLIST

Applicant: This worksheet is presented as a guide for your preparation of a complete building permit application. Please be careful to include all the documents and items required for the proposed work. The Building Permit Fee Schedule is available on the Village website www.villageofoceanbeach.org

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

BASIC INFORMATION:

- (a) Tax Map No. 502
- (b) Property Location (Section, Lot, Block) (Tax ID #)
- (c) Existing Use of Premises
- (d) Zoning (FEMA & Coastal Zone Regulations apply)
- (e) Owner (s) of Record/Contact Information
- (f) Agent Responsible for Proposed Work/Contact Information
- (g) Architect-Contact Information/Plumber-Contact Information/Electrician-Contact Information
- (h) Proposed Work Project Details
- (i) Owner's Authorization (See Page 3)-If owner is being represented by an agent, an owner's authorization must be signed and notarized.

APPLICATION REQUIREMENTS:

- _____ Building Permit Application
- _____ Construction Plans:
 - _____ 4 Original Stamped Sets for Residential/4 Sets for Commercial (1/4" scale ONLY)
 - _____ Two (2) Current Land Surveys: (No more than five (5) years old)
 - _____ Shall show existing and proposed work footprints and lot coverage calculations.
 - _____ Shall show data pertinent to zoning and building code regulations.
- _____ FEMA Elevation Certificate – for flood hazard zones
- _____ Current photographs of Building, Property and Adjacent Properties **(See NOTICE below)
- _____ Landscape Plan – Two sets if applicable
- _____ Certificate(s) of Occupancy and/or Outstanding Permit(s) – All issued.
- _____ Building/Contractor Identification and Licenses – Must be received prior to issuance of building permit.
- _____ Certificate of Workman(s) Compensation – Must be received prior to issuance of building permit.
 - _____ Note: ACCORD forms are NOT ACCEPTABLE proof of Workers' Compensation Coverage.
- _____ Certificate of Completion required when job is complete.
- _____ All Fees (Non-Refundable) – To be determined on acceptance of permit application.
- _____ If DEMOLITION Permit, list Licensed Carter.
- _____ Water Use Permit, if applicable.

ADDITIONAL DOCUMENTS AND/OR APPROVALS, IF APPLICABLE:

- (1) Suffolk County Department of Health Services
- (2) Ocean Beach Dept. of Public Works
- (3) NYS Department of Environmental Conservation
- (4) Fire Marshal – Business Multiple dwellings, fuel tanks, fire alarm, fire suppression, etc.
- (5) Zoning Board of Appeals Decision
- (6) Planning Board Approved Site Plan and Approval Resolution
- (7) Board of Trustees Special Exception Determination

****NOTICE:** The Architectural Review Board requires photographs for all building permit applications. All building permit applications for alterations, additions or revisions to an existing structure **MUST** include photographs showing all sides of the structure, which shall be properly labeled. In addition, photos taken from the dwelling (looking north, south, east and west), together with photos of neighboring homes or structures shall be submitted. All photos shall be labeled with addresses and shall indicate whether they are situated north, south, east or west of the subject property.

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APPLICATION FOR BUILDING PERMIT

NON-REFUNDABLE

BP10 -

PART 1: OWNER INFO – Please type or Print below:

Property Location: _____

Owner(s) of Record: (Full Name) _____

Home Phone #: () - Work #: () - Cell #: () -

Email Address: _____

Mailing Address of Owner (s): _____

City, State, Zip Code: _____

PART II: AGENT/GENERAL CONTRACTOR INFO

Agent Responsible for Proposed Work: _____

Work #: () - Cell #: () - Email Address: _____

Mailing Address of Agent: _____

City, State, Zip Code: _____

PART III: ARCHITECT INFO

Plans Prepared By: _____ N/A

New York State RA/PE License No.: _____

Work #: () - Cell #: () - Email Address: _____

Mailing Address of Agent: _____

City, State, Zip Code: _____

PART III: ELECTRICIAN INFO

Plans Prepared By: _____ N/A

New York State RA/PE License No.: _____

Work #: () - Cell #: () - Email Address: _____

Mailing Address of Agent: _____

City, State, Zip Code: _____

PART III: PLUMBER INFO

Plans Prepared By: _____ N/A

New York State RA/PE License No.: _____

Work #: () - Cell #: () - Email Address: _____

Mailing Address of Agent: _____

City, State, Zip Code: _____

This Section for Administrative Use Only

Tax Map # 502 - - - Date Received: _____ Permit No: _____

Zoning: _____ New Application: _____ Renewal: _____

Application Amount Paid/Receipt#: _____ Date Issued: _____

Additional Payments: _____ Item No.: _____

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PART IV: PROPOSED WORK PROJECT DETAILS

Contractor Responsible for Proposed Work: _____

Suffolk County Home Improvement Contractor License #: _____

Existing Use of Premises: _____ C. O. #: _____ Date Issued: _____

Proposed Project Description: _____

Is this project a new building ____ (Yes) ____ (No)

Is this project an addition to building? ____ (Yes) ____ (No)

If yes, Sq. Footage Details:

First Floor _____ Second Floor _____ Mezzanine _____ Basement _____

Is this an alteration or renovation? ____ (Yes) ____ (No) If Yes, Total Estimated Cost: _____

Additional Info: All measurements in sq. ft.

Tennis Court _____ Pool _____ Deck _____ Patio _____ Fence _____ Garage _____ Shed _____ Other _____

Demolition of: _____ Name of Carter: _____

** Will any FILL be brought onto this site? ____ (Yes) ____ (No)

*** Will the property be regraded to change site contours? ____ (Yes) ____ (No)

PART V: NOTARY PUBLIC

APPLICATION IS HEREBY MADE FOR ISSUANCE OF A BUILDING PERMIT pursuant to the Code of the Village of Ocean Beach and the Building Code of the State of New York, and all amendments thereto, for the work as described herein and in the described plans and specifications.

STATE OF NEW YORK)

COUNTY OF SUFFOLK) SS.: _____ being duly sworn
(PRINT) NAME OF INDIVIDUAL SIGNING APPLICATION

deposes and says that he/she is the applicant above named. He/She is the _____
AGENT: CONTRACTOR, OFFICER, RA. PE, ETC.

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

SIGNATURE OF THE OWNER OR AGENT

Sworn to before me this

_____ day of _____, 2010

NOTARY PUBLIC

This Section to be completed by the Building Inspector

Building Inspector Approval: _____ **Date of Approval:** _____

Building Inspector Denial: _____ **Date of Denial:** _____

Reason: _____

