



## INCORPORATED VILLAGE OF OCEAN BEACH

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

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

[www.villageofoceanbeach.org](http://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](http://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**

**BP11 -**

**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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**APPLICATION FOR BUILDING PERMIT**  
**NON-REFUNDABLE**

**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 \_\_\_\_\_, 2011

\_\_\_\_\_  
NOTARY PUBLIC

**This Section to be completed by the Building Inspector**

**Building Inspector Approval:** \_\_\_\_\_ **Date of Approval:** \_\_\_\_\_

**Building Inspector Denial:** \_\_\_\_\_ **Date of Denial:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

