INC. VILLAGE OF CEDARHURST
BUILDING PERMIT APPLICATION

Permit must be printed/ submitted on its original format of 8.5 x 14 paper.

200 Cedarhurst Ave. Cedarhurst, NY 11516
Office: (516)295-5770 Email: building@cedarhurst.gov Website: cedarhurst.gov

Application No. _____ Date rec'd. _____ Permit No. _____ Date issued _____

Number and Street	Section	Block	Lot(s)	Zone

N.S.E.W. side of _____ feet N.S.E.W _____

or N.S.E.W corner of _____ & _____

TYPE OF IMPROVEMENT

- ☐ New building or structure
- ☐ Addition
- ☐ Alteration
- ☐ Use
- ☐ Demolition
- ☐ Foundation only
- ☐ Other _____

PROPOSED USE - For "Demolition" most recent use

Residential

Existing / Proposed

- ☐ ☐ One or Two Family
- ☐ ☐ Mother Daughter/ Senior residence
- ☐ ☐ Multi Family
- ☐ ☐ Mixed Use
- ☐ ☐ Other _____

Nonresidental

- ☐ Existing (Specify) _____
- ☐ Proposed (Specify) _____

WORK PROPOSED - Describe in detail: _____

COST OF IMPROVEMENT $ _____

Pursuant to Worker's Compensation Law, an original certificate of insurance on form C-105.21, C-105.2, U-26.3, SI-12, or GSI-1 05.2 shall be filed with this department prior to the issuance of any building permit. PLEASE NOTE: Contractor is required to obtain certificates or other proof of Workers Compensation Insurance from all subcontractors or any other person that is not an employee of contractor and perform or provide work, labor or services on the site. Upon request by the village, contractors must provide a copy of any such certificate to the village. Failure to do so may result in revocation of building permit(s)

CONSTRUCTION CLASSIFICATION

Existing / Proposed

- ☐ ☐ Type 1 - Fire resistive
- ☐ ☐ Type 2A - Non-Combustible
- ☐ ☐ Type 2B - Combustible
- ☐ ☐ Type 3A - Ordinary Const. Masonry wall
- ☐ ☐ Type 3B - Wood Floor & Roof
- ☐ ☐ Type 4 - Heavy Timber
- ☐ ☐ Type 5 - Wood Frame

YES	NO	
☐	☐	Is a Sprinkler System Required?
☐	☐	Does The Building Have a Sprinkler System?

STATUS OF WORK

- ☐ Proposed
- ☐ Under Construction
- ☐ Completed

DIMENSIONS OF LOT

	X
Total land area, square feet	
Total square feet of floor area, all floors, based on exterior dimensions (exclus. base. or cellar)	
Number of stories	
Percent of lot occupied	%

	Name	Mailing Address - Number, Street, City, State and Zip	Tel. No
Arch. or Engr.			
Owner			
Tenant			
Contractor		Nassau County License Number	
Electrician		VILLAGE OF CEDARHURST License Number	
Plumber		VILLAGE OF CEDARHURST License Number	

The owner of this building and the undersigned agree to conform to all applicable laws of the Village of Cedarhurst

AFFIDAVIT OF CONTRACTOR

STATE of NEW YORK
COUNTY OF NASSAU

(PRINT NAME) being duly sworn, deposes and says: That he/she resides at in the State of and that he/she is authorized by the Owner to make application for a permit to perform said work in the foregoing application and accompanying plans, and all the statement contained therein are true to deponent's own knowledge.

Address _____

Phone _____

Sign Here _____ (Applicant)

Sworn to before me this _____ Day of _____ 20 _____

AFFIDAVIT OF PROPERTY OWNER

STATE of NEW YORK
COUNTY OF NASSAU

(PRINT NAME) being duly sworn, deposes and says: That he/she resides at in the of in the State of ,that he/she is the owner in fact of all that certain lot, piece or parcel of land shown on the diagram above situate, lying and being within the INCORPORATED VILLAGE OF CEDARHURST, that the work proposed to be done upon the said premises will be done in accordance with the, approved application and accompanying plans, (and he/she hereby authorizes APPLICANT to make application for a permit to perform said work in the foregoing application and accompanying plans) , and all the statements herein contained are true to deponent's own knowledge.

Sign here _____ (Owner)

Sworn to before me this _____ Day of _____ 20 _____

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY

Adjusted Cost	Permit Fee - 1st	Permit Fee - 2nd	Total	Site Plan Fee
	$	$	$	$

Approved by Permit Title

House No. Assigned ☐ FEMA Flood Hazard Zone Zone _____ By _____ Base Flood Elevation _____

Variance ☐ Yes ☐ No
If Yes date and case No. _____

Elevation Certificate: Yes ☐ No ☐
Final Survey Required: Yes ☐ No ☐
New C.O. Required: Yes ☐ No ☐
Separate Application Required For:
☐ HVAC ☐ Plumbing ☐ Electric
☐ Sign/Awning ☐ Other _____

SCHOOL DIST
SECTION
BLOCK
LOTS
DATE