

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

BUILDING DEMOLITION PERMIT

Incomplete applications will not be accepted

All fees are non-refundable

The following shall be submitted in whole as applicable.

1. Signed and notarized Demolition Permit Application (attached). The application must include date(s) and time(s) specified demolition work is to commence. **A separate Demolition Permit Application must be submitted for each structure or portions of different structures to be demolished.**
2. Demolition Company must be licensed with the Inc. Village of Malverne.
3. Completed copy of Nassau County Assessment sheet signed by property owner (copy attached).
4. Affidavit of absence of asbestos completed by a licensed abatement contractor (copy attached).* **A copy of the NYS Dept. of Health Asbestos Handling license must be submitted with the affidavit.**
5. Affidavit of absence of lead based paint completed by a licensed engineer or a registered contractor (copy attached).* **A copy of Certificate of Completion for Lead Renovator per 40CFR Part 745.225 from EPA must be submitted with the affidavit.**
6. Rodent certification letter from **NASSAU COUNTY DEPARTMENT OF HEALTH** (see attached instructions).
7. Letter attesting to electric/gas shutoff from **PSEG-LI and NATIONAL GRID.**
8. Letter attesting to water service shutoff from **NY AMERICAN WATER.**
9. Sewer disconnect report from **NASSAU COUNTY DPW.**
10. Proof of notification of intent to demolish sent to all adjoining property owners by Certified Mail; Return Receipt Requested must be submitted. You may use the attached form letter. A copy must be submitted to the Building Department along with the names and addresses of all those notified and the signed green return receipt postcards.
11. Check or money order in the amount of **\$350.00**, made payable to the Incorporated Village of Malverne.
12. New survey is required with any change in lot coverage, if applicable.
13. Any excavation shall require utility and underground verification as per all state and county laws. By law, excavators and contractors working in New York City and Nassau & Suffolk Counties on Long Island must contact New York 811 at least 2 full business days not including the day of call, prior to digging by dialing 811
14. Provide plot plan or marked up survey locating building / structure to be demolished.

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

**AFFIDAVIT OF NOTICE OF INTENT TO
DEMOLISH A STRUCTURE**

STATE OF NEW YORK

COUNTY OF NASSAU

DATE: _____

I, _____ certify that I have notified the owners of all properties

adjoining: _____, Malverne, NY.

at which property the: _____ is to
be demolished.

Attached is a copy of the letter sent and a list of names and addresses of all those notified.

Signature

Sworn to before me this

_____ day of _____, 20

Notary Public

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

AFFIDAVIT OF ABSENCE OF ASBESTOS

Date: _____

To: Incorporated Village of Malverne
99 Church Street, Malverne, NY 11565

Re: Request for Demolition Permit

I, _____
Registered & licensed Abatement Contractor

on behalf of the owner of the premises in the Incorporated Village of Malverne known as:

Address

Section _____ Block _____ Lot(s) _____

Do hereby petition the Incorporated Village of Malverne Building Department to issue a demolition permit based on a personal inspection of the structure and that no asbestos is found to exist on the premises. A report of my findings is attached.

My signature and seal affixed herewith.

(Licensed Abatement Contractor)

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

AFFIDAVIT OF ABSENCE OF LEAD BASED PAINT

Date: _____

To: Incorporated Village of Malverne
99 Church Street, Malverne, NY 11565

Re: Request for Demolition Permit

I, _____
Registered Contractor or Engineer

on behalf of the owner of the premises in the Incorporated Village of Malverne located at:

Address

Section _____ Block _____ Lot(s) _____

Do hereby petition the Incorporated Village of Malverne Building Department to issue a demolition permit based on a personal inspection of the structure and that no lead based paint is found to exist on the premises. A report of my findings is attached.

My signature and seal are affixed herewith.

(Engineer or Licensed Abatement Contractor)

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

DEMOLITION PERMIT

Please type or print clearly

Date: _____

Address: _____ Malverne, NY 11565

Section: _____ Block: _____ Lot(s): _____

Notice is hereby given that I intend to DEMOLISH the entire building herein described and located, and the undersigned hereby agrees to comply with all rules and regulations of the Building Department of the Incorporated Village of Malverne, the provisions of the building code of the Village of Malverne, and with every other provision of law relating to this subject.

The demolition work is to begin on: _____
(Date)

Type of building to be demolished: [] Dwelling [] Garage [] Other: _____

Dimensions: _____ feet, front _____ feet, rear _____ feet, deep Height in stories: _____

Contractor: _____

Address: _____ Office Phone: _____

Cell Phone: _____ Malverne Contractor License No.: _____

(Print Owner Name)

(Address)

who is the OWNER of the building to be demolished as herein described.

_____ being duly sworn deposes and says:

That he/she _____ is/are the owner(s) of _____

Malverne, N.Y. and that the application subscribed herein is correct to the best of the knowledge of the deponent.

Signature of Demo Contractor

Signature of Property Owner

Sworn to before me this _____ day of _____

NOTARY SIGNATURE _____

SEAL: _____



Village Approval Signature and Stamp

No registered contractor shall sign a Demolition permit application or act as an agent for a person who is not a licensed contractor in the Village of Malverne. I understand by signing below that my license in the Village of Malverne could be in jeopardy by violating the above section. Applicant certifies that all information given is correct and that all work shall conform to the current NYS Residential, Building, Plumbing, Fire, Existing Building, Fuel Gas, Energy Conservation, Property Maintenance and Mechanical Codes and all Village Ordinances for which this permit is issued.



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 INSTRUCTIONS**

1. Obtain the Nassau County Department of Health *Rodent Free Certification Application* using one of the following methods:
 - Call the office and request the application be mailed or faxed.
 - Pick up the application at the office.
 - Download the application from the Nassau County Department of Health website.

2. Front of application:
 - Print location of the Demolition, include Street address, Village, Cross Street, Section, Block and Lot Information.
 - Indicate Demolition Type: Check the box for Complete or Partial
 - Indicate Property Usage: Check the box for Residential, Industrial, Commercial or Mixed Use
 - Provide Disconnect Information: Check Yes or No box for Water, Electric, Gas, Sewer Utilities and Fuel oil Tank Disconnect.
 - Provide Fuel Oil Tank Information for this Property:
Check Yes or No box to indicate Underground tank(s), Aboveground Tank(s) on site.
Provide Tank Information: # of Tanks on site, Tank size(s).
Check Yes or No box if tank was removed and provide the Tank Removal Date.
 - Provide Information on Ground Disturbance on Site Prior to the Rodent Free Inspection:
Check Yes or No box to indicate work done on site prior to this application.
List the work done to date on site.
 - Provide Access and Safety Information:
Check Yes or No box to indicate if there are Construction gates on site or any other barriers that prevent entry to the site.
Provide the combination lock access code or indicate location of the key for the lock.
Check Yes or No box to indicate if the property, building safe to walk around.
List any physical hazards on site.

3. Page 2 of the application:
 - Provide a hand drawn sketch of the property. Indicate the buildings to be demolished in relationship to that street.
 - Provide the Contact Information for the Property Owner, Demolition Company and the person requesting the Rodent free Certification and the title of the person making the request.
 - Check the box for Office pick-up, Leave on site or Other to indicate the method you wish to obtain the Completed Rodent Free Certificate.
 - Read the last Sections "Applicant Acknowledges the Following" and "Penalties"
 - Print, sign and date the bottom of the application.

APPLICATION SUBMISSION

1. Submit the Application to the Health Department by mail or in person with the application fee of **\$250.00 (two hundred fifty dollars)**.
2. Payment must be in the form of a Certified Bank Check or Money Order made payable to :
"Nassau County Department of Health"
3. Note the following:
 - Cash, personal checks, or business checks will **not** be accepted.
 - Inspection of the site will **not** be made without payment of the application fee.

Log#	Address	Hamlet
------	---------	--------

PROVIDE IN SPACE BELOW -SKETCH OF PROPERTY WITH THE LOCATION OF ALL BUILDINGS/STRUCTURES ON SITE

CONTACT INFORMATION - PROPERTY OWNER

NAME	ADDRESS	TELEPHONE NUMBER(S)
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CONTACT INFORMATION - DEMOLITION COMPANY

NAME	ADDRESS	TELEPHONE NUMBER(S)
------	---------	---------------------

CONTACT INFORMATION - PERSON REQUESTING RODENT FREE CERTIFICATION

NAME	ADDRESS	TELEPHONE NUMBER(S)
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TITLE:	DEMO CONTRACTOR <input type="checkbox"/>	AGENT <input type="checkbox"/>	EXPEDITER <input type="checkbox"/>	OTHER <input type="checkbox"/>
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RODENT FREE CERTIFICATE - METHOD TO OBTAIN COMPLETED CERTIFICATE

Office pick-up <input type="checkbox"/>	Leave on site <input type="checkbox"/>	Other (Describe): _____
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APPLICANT ACKNOWLEDGES THE FOLLOWING:

1) ***NO*** demolition work can begin without an inspection of the property, including the exterior of all structures on the premises and grounds by a Nassau County Department of Health representative to determine if there is rodent activity. If rodent activity has been identified on the property, then extermination by a New York State licensed exterminator is required to prevent the spread of rodents throughout the neighborhood. No work can be started until extermination is complete.

2) Building(s) / structure(s) on this property must be intact and the land must remain in an unaltered state for the inspection to take place. If any work is done on the property that results in ground disturbance ***BEFORE*** the inspection takes place, then the inspection is deemed INVALID and the Rodent Free Certificate will not be issued by the Nassau County Department of Health.

3) The issued Rodent Free Certificate is ***valid for ten (10) days*** from the date of inspection of the property. Demolition of the building(s) and/or structure(s) on the premises **MUST** be completed within ten (10) days from the date of issuance of certification by the Department of Health.

4) PENALTIES*

Any person, firm or corporation that violates Nassau County Public Health Ordinance, Article VII, Section 13, by demolishing any building(s) and/or structure(s) on the above referenced property ***without*** obtaining a Rodent Free Certificate issued by the Nassau County Department of Health, **WILL** be subject to enforcement action by this Department.

ACKNOWLEDGEMENT SIGNED (BELOW):

APPLICANT
PRINT NAME:

APPLICANT
SIGNATURE:

DATE:

TITLE:



**BUILDING PERMIT
COMMERCIAL OR MIXED USE
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

DATE REC'D

SECTION	BLOCK	LOT (S)	SCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF
----------------------	---------------------------------	------------------

ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
---------------------	-----------	------------------

CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON
---------------------	-----	----------------

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP
		PHONE

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION	EMAIL
---------------	--------------------------------	-------

DATE TO COMPLETE	<input type="checkbox"/> STEEL
------------------	--------------------------------

LOT SIZE S.F.	<input type="checkbox"/> MASONRY
---------------	----------------------------------

# BLDGS ON LOT	<input type="checkbox"/> OTHER	Grouping or apportioning lots? Yes ___ No ___
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DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)	List existing lots:
--	---------------------

	Proposed lots:
--	----------------

CHECK ALL THAT APPLY	USE BY SIZE AND FLOOR
-----------------------------	------------------------------

<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> OTHER (Describe) _____ <input type="checkbox"/> FAÇADE <input type="checkbox"/> BASEMENT RENO <input type="checkbox"/> HVAC <input type="checkbox"/> ROOF <input type="checkbox"/> PLUMBING	<table border="1" style="width:100%;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">EXISTING S.F. AREA</th> <th colspan="2">PROPOSED S.F. AREA</th> </tr> <tr> <th>Use</th> <th>Size SF</th> <th>Use</th> <th>Size SF</th> </tr> </thead> <tbody> <tr><td>BSMT</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>1ST</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>1ST</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2ND</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>ADDNL FLOORS</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>TOTAL # FLOORS</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		EXISTING S.F. AREA		PROPOSED S.F. AREA		Use	Size SF	Use	Size SF	BSMT	_____	_____	_____	_____	1ST	_____	_____	_____	_____	1ST	_____	_____	_____	_____	2ND	_____	_____	_____	_____	ADDNL FLOORS	_____	_____	_____	_____	TOTAL # FLOORS	_____	_____	_____	_____
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ADDNL FLOORS	_____	_____	_____	_____																																				
TOTAL # FLOORS	_____	_____	_____	_____																																				

List additional use below

<input type="checkbox"/> ELEVATORS SIZE QUANTITY <input type="checkbox"/> SPRINKLERS _____ <input type="checkbox"/> SOLAR _____ <input type="checkbox"/> ANTENNA _____ <input type="checkbox"/> BILLBOARD _____ <input type="checkbox"/> SATELLITE DISH _____	<table border="1" style="width:100%;"> <thead> <tr> <th colspan="2">Residential</th> <th>EXISTING # UNITS</th> <th>PROPOSED # UNITS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> CO-OP</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> CONDO</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> RENTAL</td><td></td><td></td><td></td></tr> <tr><td>Studio</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>1BDRM</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2BDRM</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3BDRM</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4 BDRM</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>OTHER (Describe)</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Residential		EXISTING # UNITS	PROPOSED # UNITS	<input type="checkbox"/> CO-OP				<input type="checkbox"/> CONDO				<input type="checkbox"/> RENTAL				Studio	_____	_____	_____	1BDRM	_____	_____	_____	2BDRM	_____	_____	_____	3BDRM	_____	_____	_____	4 BDRM	_____	_____	_____	OTHER (Describe)	_____	_____	_____
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4 BDRM	_____	_____	_____																																						
OTHER (Describe)	_____	_____	_____																																						

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person

Tele #

FIELD REPORT ON REVERSE



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY _____

Check one: OWNER OR LESSEE

NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____

CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____

ADDRESS _____

CITY, STATE, ZIP _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION

PERMIT EXP DATE _____

STEEL

LOT SIZE S.F. _____

BLDGS ON LOT _____

MASONRY

FRAME

PHONE _____

EMAIL _____

**IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS

NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED YES NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person - Sign & Print _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person _____ Telephone _____

FIELD REPORT ON REVERSE

TOWN _____
SCHOOL DISTRICT _____
SECTION _____
BLOCK _____
LOT(S) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____