



INCORPORATED VILLAGE OF MALVERNE
BUILDING DEPARTMENT
99 CHURCH STREET, MALVERNE, NEW YORK 11565
OFFICE: 516-599-1200 x 113/114
FAX: 516-823-0767
MINOR RESIDENTIAL BUILDING PERMIT
NEW WORK
INSTRUCTIONS

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

No application shall be deemed complete unless it meets the information requirements listed within these permit instructions: **A \$125 application fee** due at the time of submission. Additional fees are due upon approval of the permit. A portion of the required additional permit fees are based on cost of construction as per current industry average construction costs. **All fees are non-refundable.**

Minor Building Permit Application Packages include:

- Building Permit Application Form - provide all contractors information, requires notarized signatures
- Nassau County Assessment Sheet – **MUST BE FILLED OUT AND SIGNED BY PROPERTY OWNER**
- Short Environmental Assessment Form –
- Plumbing Permit Application Form – submitted by plumber if plumbing work (gas, supply water, drainage)
- Electrical Application – submitted by electrician on Electrical Inspection Agency Application form if electrical work
- Architects/Engineers Affidavit A-6 (if drawings signed and sealed)
- Owners Affidavit A-5
- Residential Smoke Detector & Carbon Monoxide Affidavit (if required)
- Truss/Pre Engineered Lumber Form (if required)
- Additional Information as described below
- **Please note:** All contractors must be licensed with the Village of Malverne
- Applications inactive for six months will be returned.
- Refer to the Malverne Village Zoning Code and Building Code for further information.
- All applications are subject to possible Zoning Board of Appeals approval.
- Sheds under 100 square feet and Decks/Patios lower than 10" above grade do not require a permit but are required to adhere to zoning requirements.

Examples of Minor Building Permit applications include but are not limited to the following:

- **Kitchen Renovations:** Must include two copies of a 'to scale' floor plan of the existing layout and the new layout and extent of new finishes, drywall, and insulation. (Cabinet maker drawing acceptable). Show any existing/new windows, doors, wall openings. Must include Plumbing Permit Application and Electrical Inspection Agency's application. Any changes to existing structural walls may require two (2) copies of detailed construction drawings/plans, signed and sealed by a NYS architect or engineer.
- **Bath Renovations:** Must include two copies of a 'to scale' floor plan of the existing layout and the new layout and extent of new finishes, drywall, and insulation. Show any existing/new windows, doors, wall openings. Must include Plumbing Permit Application and Electrical Inspection Agency's application. Any structural changes to existing walls require two (2) copies of detailed construction drawings/plans, signed and sealed by a NYS architect or engineer
- **Finished Basements for Habitable Space:** If the basement is to be used for habitable space such as a recreation room, office, bedroom, media room, study, playroom or exercise room two sets of NYS Architect or Engineer signed and sealed detailed construction drawings / plans must submitted which show all dimensions, type of walls, ceiling and soffit heights, smoke and carbon monoxide detectors, doors and window sizes, fresh occupant air requirements, combustion air requirements to boiler/furnace/water heater, and detail mandatory secondary emergency egress opening(s) with window well which shall meet NYS Code requirements. Must include Plumbing Permit Application (if any plumbing work) and Electrical Inspection Agency's application. New Exterior Basement stairs as emergency egress are not permitted unless approved by the Village Trustees at a special hearing.



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- **Finished Basements for Storage**: If the basement is to be used for non-habitable space such as a storage room only, two sets of detailed construction drawings/plans must be submitted which show all dimensions, type of walls, ceiling heights, smoke and carbon monoxide detectors, doors and window sizes, combustion air requirements to boiler/furnace/water heater. A notarized affidavit by the property owner stating it will be used only for storage, must be submitted. Must include Plumbing Permit Application (if any plumbing work) and Electrical Inspection Agency's application.
- **Front Porticos**: If under 48 square feet. Submit two sets of NYS Architect or Engineer signed and sealed detailed construction drawings/plans of the proposed roof and or landing and steps. Must include a plot plan showing the proposed location, size and square footage and include set back measurements to property lines. Include two (2) copies of a current, accurate, and legible survey of your property. Must include Electrical Inspection Agency's application if any electrical work. A final survey is required prior to issuance of Certificate of Completion.
- **Solar Panels**: Must provide two (2) completed copies of the Long Island Unified Solar Permit Initiative document (available at Malverne Village Hall), two (2) copies copy of equipment cut sheets (specifications, i.e.: size, weight load), roof plan showing panel locations, two (2) copies of NYS Architect or Engineer signed and sealed letter stating existing roof structure can handle the newly imposed loads of the system or detailed construction drawings depicting the new reinforcement. After construction, a notarized affidavit from the installer stating that the installation was as per the approved plans and as per all applicable NYS Codes is required. Must include Plumbing Permit Application (if any plumbing work) and Electrical Inspection Agency's application.
- **Windows / Exterior Doors (new locations or replacement)**: Provide make and model number, type, number of windows and or doors on application and provide energy code info 'U' value. Any structural changes to existing walls for larger than existing or new openings shall require two (2) sets of detailed construction drawings/plans, signed and sealed by a NYS architect or engineer.
- **Landings, Stoops, Steps for Egress only (not a deck or porch)**: Must include two (2) sets of detailed construction drawings / plans of the proposed. Two (2) copies of a current, accurate, and legible survey of your property. Drawings may need to be stamped by a NYS Architect or Engineer depending on scope (see Superintendent). A final survey may be required prior to issuance of Certificate of Completion.
- **Interior Alterations**: Must include two (2) sets of detailed construction drawings / plans of the proposed. Drawings may need to be stamped by a NYS Architect or Engineer depending on scope (see Superintendent). Must include Plumbing Permit Application (if any plumbing work) and Electrical Inspection Agency's application.
- **Hot Tubs**: Submit two (2) copies of plot plan showing the proposed location of the hot tub. Include two (2) copies of a current, accurate, and legible survey of your property. Requires two (2) copies of the hot tub manufacturer's specifications and dimensions. Must include Plumbing Permit Application (if any plumbing work for gas to heaters) and Electrical Inspection Agency's application. If hot tub does not have lockable safety cover then fences shall require a separate fence permit. Tree removal under separate permit. A final survey is required prior to issuance of Certificate of Completion.
- **Geo-Thermal** (HVAC, swimming pool heating, and domestic water heating): Must meet all New York State Code requirements and New York State Dept. of Environmental Control specifications; Include two (2) copies of a current, accurate, and legible survey of your property and signed and sealed Plot Plan indicating well location(s). Submit with electric and plumbing permit applications.

Please contact the Building department if you shall have any questions.



Incorporated Village of Malverne
99 Church Street, Malverne, New York 11565
(516) 599-1200 Fax (516) 823-0767

PERMIT PICK-UP:

Owner: _____

Contractor: _____

Applicant: _____

BUILDING PERMIT APPLICATION

Page 1 of 2

APPLICATION / PERMIT #: _____

IMPORTANT: THIS FORM MUST BE TYPEWRITTEN OR PRINTED LEGIBLY

THIS IS FOR (PLEASE CHECK ONE):

NEW WORK _____ **MAINTAIN EXISTING** _____ **WORK STARTED / NOT COMPLETED (STOP WORK ORDER)** _____

ADDRESS OF PROJECT

SECTION

BLOCK

LOT(S)

NAME & ADDRESS OF PROPERTY OWNER

NAME & ADDRESS OF APPLICANT

HOME PHONE _____

BUSINESS PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL _____

EMAIL _____

SIGNATURE

SIGNATURE

Sworn to before me this _____ day of _____

Sworn to before me this _____ day of _____

NOTARY SIGNATURE

NOTARY SIGNATURE

SEAL:

SEAL:

DESCRIPTION OF PROJECT WORK:

COST OF CONSTRUCTION/ALTERATION (INDUSTRY STANDARDS) \$ _____



BUILDING PERMIT APPLICATION

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APPLICATION / PERMIT #: _____

DESIGN PROFESSIONAL: _____ PHONE NO. _____

ADDRESS: _____

EMAIL: _____

CONTRACTOR: _____ PHONE NO. _____

MALVERNE LIC. # _____ ADDRESS: _____

EMAIL: _____

PLUMBER: _____ PHONE NO. _____

MALVERNE LIC. # _____ ADDRESS: _____

EMAIL: _____

ELECTRICIAN: _____ PHONE NO. _____

MALVERNE LIC. # _____ ADDRESS: _____

EMAIL: _____

FOR OFFICE USE ONLY

- APPLICATION FEE \$ _____
- PERMIT FEE \$ _____
- C/O - C/C FEE \$ _____
- MAINTAIN SURCHARGE \$ _____
- LETTER IN LIEU FEE \$ _____

APPROVAL STAMP
SUPERINTENDENT OF BUILDINGS

Rev. 9/2020



**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	NAME OF BUSINESS
---------------------	-----------	------------------

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

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
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WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	CITY, STATE, ZIP
--------------------	--------------------------------	------------------

PERMIT EXP DATE	<input type="checkbox"/> STEEL	PHONE
-----------------	--------------------------------	-------

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

# BLDGS ON LOT	<input type="checkbox"/> FRAME	IF YOU WISH TO GROUP OR APPORTION LOTS
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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	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	BASEMENT FINISH
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<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 _____	
<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 <input type="checkbox"/> NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/> NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

**SEPARATE APPLICATION SHALL BE
MADE FOR EACH BUILDING**

Signature of Applicant/Contact Person - Sign & Print

Address of Applicant/Contact Person Telephone

FIELD REPORT ON REVERSE

Rev 08/11

MALVERNE BUILDING DEPARTMENT APPLICATION

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

SHORT ENVIRONMENTAL ASSESSMENT FORM

Page 1 of 2

INSTRUCTIONS:

- In order to answer the questions in this short EAP it is assumed that the preparer will use currently available information concerning the project and the likely impacts of the action. It is not expected that additional studies, research, or other investigations will be undertaken.
- If any question has been answered "YES" the project may be significant and a completed Environmental Assessment Form is necessary.
- If all questions have been answered "NO" it is likely that this project is not significant.

ENVIRONMENTAL ASSESSMENT

1. Will project result in a large physical change to the project site or physically alter more than 10 acres of land? ☐ YES ☐ NO
2. Will there be a major change to any unique or unusual land form found on the site? ☐ YES ☐ NO
3. Will project alter or have a large effect on an existing body of water? ☐ YES ☐ NO
4. Will Project have a potentially large impact on ground water quality? ☐ YES ☐ NO
5. Will project significantly effect drainage flow on adjacent sites? ☐ YES ☐ NO
6. Will project affect any threatened or endangered plant or animal species? ☐ YES ☐ NO
7. Will project result in a major adverse effect on air quality? ☐ YES ☐ NO
8. Will project have a major effect on visual character of the community or scenic views of vistas known to be important to the community? ☐ YES ☐ NO
9. Will project adversely impact any site or structure of historic, pre-historic, or paleontological importance or any site designated as a critical environmental area by a local agency ☐ YES ☐ NO
10. Will project have a major effect on existing or future recreational opportunities? ☐ YES ☐ NO
11. Will project result in major traffic problems or cause a major effect to existing transportation systems? ☐ YES ☐ NO

MALVERNE BUILDING DEPARTMENT APPLICATION

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12. Will project cause objectionable odors, noise, glare, vibration, electrical disturbance as a result of the projects operation? _____ YES _____ NO
13. Will project have any impact on public health or safety? _____ YES _____ NO
14. Will project affect the existing community by directly causing a growth in permanent population of more than 5% over a one year period or have a major negative effect on the character of the community or neighborhood? _____ YES _____ NO
15. Is there public controversy concerning the project? _____ YES _____ NO

PREPARER'S SIGNATURE: _____ TITLE: _____

REPRESENTING: _____ DATE: _____

Incorporated Village of Malverne
MALVERNE BUILDING DEPARTMENT
99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

AFFIDAVIT FROM PROPERTY OWNER/APPLICANT

I, _____

owner of / applicant for (circle one)

_____ Malverne, New York,

have read and understand the instructions for submitting a building permit application.

Signature

Print Name

Print note: It is your responsibility to make sure that all necessary documents are correct and submitted on time.

ALL PENDING APPLICATIONS WILL EXPIRE 6 MONTHS FROM DATE OF SUBMISSION.

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

AFFIDAVIT FROM DESIGN PROFESSIONAL

Date: _____

Owner(s): _____

Premises: _____, Malverne, New York

Section: ____ Block ____ Lot(s) ____

I, _____ R.A./P.E. on behalf of the
owners of the above referenced property, submit the attached
plans for review and the ultimate issuance of a building permit

I, _____ R.A./P.E.,
License No. _____, certify that I am a registered architect or
professional engineer, duly licensed to practice in the State of New
York and that I am regularly engaged in the practice of architecture
or engineering. I certify that I am a principal of the firm.

Sworn to before me this

_____ day of _____ 20

Incorporated Village of Malverne
BUILDING DEPARTMENT

99 Church Street, Malverne New York 11565-1726
Phone: (516) 599-1200 • Fax: (516) 823-0767

**RESIDENTIAL SMOKE DETECTOR &
CARBON MONOXIDE AFFIDAVIT**

State of New York

Building Permit # _____

SS:

County of Nassau

Plumbing Permit # _____

I _____ am the owner of real property located at:

_____ Malverne, New York.

I hereby attest the premises is a one or two family dwelling and affirm that in accordance with the provisions of Section R314 of the 2020 Residential Code of New York State, smoke detectors have been installed, maintained, and are in operable condition in the dwelling as noted below.

1. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
2. In each room used for sleeping purposes.
3. In each additional story within the dwelling unit, including basements and habitable attics, while excluding crawl spaces, and uninhabitable attics.
4. Interconnection of all smoke alarms shall be mandatory when interior wall and ceiling finishes are removed to expose the structure and or there is an attic, crawl space, or basement available that could provide access for interconnection. Approved wireless units are also acceptable.

I hereby attest that in accordance with the provisions of Section R315 of the 2020 Residential Code of New York State and Section 915 of the Fire Code of New York State, carbon monoxide detectors have been installed, maintained, and are in operable condition in the dwelling where a carbon monoxide source exists as noted below. Sources include but are not limited to gas or oil fired boilers, furnaces, and water heaters, wood or gas fireplaces, wood or coal stoves, and attached garages.

1. Outside each separate sleeping area within 10 ft. of the entrance to the sleeping area/ bedrooms.
2. If there is a carbon monoxide source in the bedroom or an attached bathroom there shall be one located in the bedroom.
3. Approved combination smoke alarms / carbon monoxide detectors are acceptable.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO THE PENAL LAW OF NY STATE

Dated: _____

Signature _____

Sworn to before me this _____ day of _____ 20

Owner - Print Name

Notary