

**APPLICATION FOR OLD WESTBURY WATER SERVICE**

*Permit Fee: \$350.00*

*THE WATER METER PIT SHALL BE ACCESSIBLE FOR EMERGENCY SERVICE, AND METER READING AT ALL TIMES. OBSTRUCTIONS BY BERMS, FENCES OR LANDSCAPING ELEMENTS OF ANY KIND ARE PROHIBITED WITHIN A FIVE-FOOT RADIUS OF THE PIT.*

Section: \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Date: \_\_\_\_\_ Permit \_\_\_\_\_

Owner's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Plumbers Name \_\_\_\_\_

Plumbers Address: \_\_\_\_\_ City \_\_\_\_\_

Business Phone \_\_\_\_\_

License Number: \_\_\_\_\_

General Liability Ins. \_\_\_\_\_ attached

Workman's Comp. \_\_\_\_\_ attached

Backflow Device Application attached  Number of connections \_\_\_\_\_

Meter No. \_\_\_\_\_ Size: \_\_\_\_\_

Location of work: \_\_\_\_\_

Description of work: \_\_\_\_\_

*Fee schedule as per size (inches)*

1"	\$500.00
1-1/2"	\$800.00
2"	\$1,000.00
4"	\$1,500.00
6"	\$3,500.00
8"	\$4,500.00

- 1) I agree to permit the Building Inspector and any officer or employee of the Village of Old Westbury to enter upon the premises in the discharge of their duties with this application.
- 2) Approved plans and a copy of approved permit will remain on the premises at all times until a Certificate of Occupancy is issued. These plans will be made available to the Building Inspector.
- 3) Building Inspector will be given a minimum of 48-hour notice to make the required inspection and no work will continue until such inspection has been completed and approved.
- 4) Owner or his representative will be responsible to arrange for all required inspections.
- 5) Permit will expire within one (1) year from date of issuance unless construction is in progress. **No work is to be started until permit has been received by applicant.**

State of New York)  
County of Nassau )

\_\_\_\_\_  
depose and say: that all work will be done in accordance with the approved application and accompanying plans, of which he/she is totally familiar.

Signature of applicant \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Signature of Notary Public

\_\_\_\_\_

**INCORPORATED VILLAGE OF OLD WESTBURY**

**1 STORE HILL ROAD**

**OLD WESTBURY, NY 11568**

**ASSESSOR'S FORM**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_ Date \_\_\_\_\_

Address of Construction \_\_\_\_\_

Property description: Residential  Commercial  Other

**Existing conditions (photo required):**

Lot: size \_\_\_\_\_ sq ft

Coverage: \_\_\_\_\_ sq ft

Floor Area: \_\_\_\_\_ sq ft

Number of Stories: \_\_\_\_\_

Bathrooms: full \_\_\_\_\_ half \_\_\_\_\_

Kitchen: Renovate  New

Garage: Number of cars \_\_\_\_\_

A/C units: \_\_\_\_\_

Pool: Gunite Vinyl \_\_\_\_\_ sq. ft

Deck: \_\_\_\_\_ sq ft

**Description of Work:** \_\_\_\_\_

Alteration  Addition  New construction  Demo  Pool

**Proposed Conditions (photo or rendering required):**

Lot Coverage: \_\_\_\_\_ sq ft

Floor Area: \_\_\_\_\_ sq ft

Second Floor: \_\_\_\_\_ sq ft

Basement: \_\_\_\_\_ sq ft

First Floor: \_\_\_\_\_ sq ft

Number of Stories: \_\_\_\_\_

Bathrooms: full \_\_\_\_\_ half \_\_\_\_\_

Bathrooms: Renovate  New

Kitchen: Renovate  New

A/C units: \_\_\_\_\_

Fireplace(s): \_\_\_\_\_

Central air unit(s): \_\_\_\_\_

Basement: Full  Partial

Finished: \_\_\_\_\_ %

Garage: Number of cars \_\_\_\_\_

Garage: Attached  Under

Pool: Gunite or Vinyl \_\_\_\_\_ sq. ft

Deck: \_\_\_\_\_ sq ft

**Official Use Only**

**Permit date** \_\_\_\_\_ **Percent completed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Exterior** \_\_\_\_\_ **Interior finish** \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_



**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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	<p align="center"><b>IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</b></p>
# BLDGS ON LOT		

**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"/> <b>BASEMENT FINISH</b> 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 <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 \_\_\_\_\_

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 \_\_\_\_\_