

**VILLAGE OF THOMASTON
100 EAST SHORE ROAD
GREAT NECK, NY 11023
(516) 482-3110
FAX (516) 829-5011**

BUILDING PERMIT LIST

PLEASE NOTE:

Deliver all the below listed items at the same time. **The Building Department cannot accept incomplete applications nor applications not accompanied by fees.**

- The single page Application for a Permit must have both sides completed.
- Exterior Work –three (3) sets of complete drawings, Interior Work – two (2) sets of complete drawings, disclosing all necessary details and specifications, signed and sealed by a registered architect or licensed professional engineer in the State of New York. F.A.R. calculations to be included, if applicable.
- Certificate of Compliance with the New York State Energy Conservation Code, prepared and signed by a registered architect or professional engineer. (This is not required for demolition, sanitary systems or unheated structures.)
- Certificates of Insurance covering Contractor’s Liability, Property Damage and Workmen’s Compensation Insurance Certificates must name the Village of Thomaston as additional insured on certificate.
- FILING FEE - schedule attached. **ALL FEES ARE NON REFUNDABLE**
Fees are doubled for work begun prior to the issuance of a permit
- A copy of the contract or estimate for the proposed work.
- New York State Department of Environmental Conservation SEQRA form for **all new construction.**
- Disclosure Affidavit- **for all new construction**
- For DEMOLITION, a separate requirement list and application must be obtained.
- **For residential applications contractor must submit copy of valid Nassau county home improvement license.**

Building Department:

Fees for work begun without a valid building permit are doubled:

Building Permit **\$200 for first \$1,000 of cost
plus \$20 per \$1,000 for the next \$24,000 of cost;
plus \$30 per \$1,000 for the next \$150,000 of cost;
plus \$10 per \$1,000 for the remaining cost.**

For example, if the total cost of the job is \$200,000, the fee would be calculated as follows:

*\$ 200 (first \$1000)
\$ 480 (next \$24,000)
\$4,500 (next \$150,000)
\$ 250 (remaining \$25,000)
\$5,430 Total Building Permit Fee*

In addition, if the Village needs special services of outside consultants to act on permit, expense deposit required equal to \$1,500 plus \$5 per \$1,000 of cost.

Demolition Permit **\$ 500**

Building Permit Amendment

1 and 2 Family **\$50 plus \$20 per \$1,000 of cost up to cost of \$25,000
plus \$30 per \$1,000 of remaining cost up to cost of
\$150,000, plus \$40 per \$1,000 of remaining cost; plus
expense deposit, if required per above.**

All Other **\$200 plus \$15 per \$1,000 of cost up to \$150,000, plus \$20
per \$1,000 of remaining cost; plus deposit, if required per
above.**

Building Permit Extension

1 and 2 Family **\$100.00**
All other **\$300.00**

Miscellaneous Building Permits

\$100 plus \$10.00 per \$1,000 Cost

Other Permits

Fence **\$ 50**

Swimming Pool **\$300 plus \$25 per \$1,000 Cost
Plus Required Special Permit from Bd. of Trustees (\$500)**

Plumbing **\$50 plus \$10 per Fixture**

Heating Replacement or New Boiler / Hot Water Heater

Residential **\$100**
Commercial **\$200**

Air Conditioning

Single Family	\$200 plus \$15 per \$1,000
All Other	\$300 plus \$15 per \$1,000

Certificate of Occupancy or Completion with Special Inspection

Single Family	\$125
Two Family	\$175
Others	Greater of \$300 per floor level or \$50 per 1,000 sq. ft.
Signs	\$ 75 plus \$15 per square foot
Construction Trailer	\$350

OTHER TYPES OF REQUIRED PERMITS

DUMPSTER PERMIT \$ 25 (If larger than 10 cubic yards)

RESTAURANT LICENSE \$ 150

PERMIT TO CONDUCT CANVASSING
OPERATIONS WITHIN THE VILLAGE
OF THOMASTON \$ 500

TREE REMOVAL \$ 25 1-2 Trees (No fee if tree is dead)

C.O. SEARCH - Residential \$ 50

C.O. SEARCH – Non-Residential \$ 100

STREET OPENING \$ 500 plus \$5,000 deposit

Application to Zoning Board of Appeals
Residential \$ 250 plus \$3,050 deposit against costs
Commercial \$ 3,000 plus \$3,500 deposit

All applications to the Board of Trustees
for any type of permit i.e., Special Use
Permit; Incentive Zoning Permit. Etc. \$ 500

**PERMITTED WORK HOURS
VILLAGE OF THOMASTON**

**MONDAY – FRIDAY 8:00 AM - 8:00 PM
SATURDAY 10:00 AM – 6:00 PM**

NO WORK PERMITTED ON SUNDAYS AND LEGAL HOLIDAYS

VILLAGE OF THOMASTON
DISCLOSURE AFFIDAVIT
General Municipal Law § 809

In the Matter of the Application of

STATE OF NEW YORK:
COUNTY OF NASSAU

_____ Being duly sworn, deposes and says:

1. I am the (applicant) with respect to (owner of) the premises which are the subject of (cross out whichever is not applicable) the within application.
2. I make this affidavit for the purpose of comply with the requirements of General Municipal Law § 809
3. No officer of the State of New York, and no officer or employee of the County of Nassau, the Town of north Hempstead or the Village of Thomaston, and no party officer of any political party, had an interest in the within application with the meaning of General Municipal Law § 809, except as stated hereinafter (if none, state "NONE"):

NAME	ADDRESS	POSITION	NATURE OF INTEREST
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4. In the event there is a change in the information set forth herein between the date hereof and the final determination of this application, a supplemental affidavit will be filed to provide that further information.

Signature

Sworn to before me on

This _____ day of _____, 20____

Notary Public

**VILLAGE OF THOMASTON
DEPARTMENT OF BUILDINGS, SAFETY INSPECTION AND CODE ENFORCEMENT
100 EAST SHORE ROAD, GREAT NECK, NY 11023
516-482-3110 FAX: 516-829-5011**

APPLICATION FOR A PERMIT

Owner(s) _____ Check One: Private Corporate

Full Name/DBA: _____

Address: _____

Phone No: Home _____ Business _____ Cell _____

Beeper _____ Fax _____

Applicant (Other than Owner) _____ (check one) Private Corporate

Full Name/DBA: _____

Address: _____

Phone No: Home _____ Business _____ Cell _____

Beeper _____ Fax _____

Responsible Corporate Officer:

Name: _____ Position _____

Does the owner(s) of the lot(s) covered by this application own any land adjacent to, or contiguous with such lot?

Yes No

If so, provide details _____

Brief Description of work: _____

Construction cost: \$ _____

PROPERTY INFORMATION

Lot Area _____ sq. ft. Lot coverage _____ %

Floor Area Ratio _____

IS THIS PERMIT TO LEGALIZE EXISTING WORK Yes No

WILL ANY TREES BE CUT DOWN? Yes TREE PERMIT # _____ No

**PERMITTED WORK HOURS: MONDAY – FRIDAY 8:00 AM - 8:00 PM
SATURDAYS 10:00 AM - 6:00 PM**

CONSULTANTS / CONTRACTORS

Architect: Engineer:

Name: _____

Address: _____

Phone No: Home _____ Business _____ Cell _____

Beeper _____ Fax _____

CONTRACTORS:

General Construction

Name: _____

Address: _____

Phone No: Home _____ Business _____ Cell _____

Beeper _____ Fax _____

Plumbing

Name: _____

Address: _____

Phone No: Home _____ Business _____ Cell _____

Beeper _____ Fax _____

Electrical

Name: _____

Address: _____

Phone No: Home _____ Business _____ Cell _____

Beeper _____ Fax _____

HVAC

Name: _____

Address: _____

Phone No: Home _____ Business _____ Cell _____

Beeper _____ Fax _____

Location of Work - Number _____ Street _____
Sec: _____ Block _____ Lot(s) _____ Zoning District _____

BUILDING
New Building <input type="checkbox"/>
Addition <input type="checkbox"/>
Alteration <input type="checkbox"/>
Amendment <input type="checkbox"/>
Site Plan <input type="checkbox"/>

USE
Change of Use <input type="checkbox"/>
Restaurant <input type="checkbox"/>
Retail Food <input type="checkbox"/>
Entertainment <input type="checkbox"/>

MISC
Plumbing <input type="checkbox"/>
Heat/Fuel <input type="checkbox"/>
Demolition <input type="checkbox"/>
Fence <input type="checkbox"/>
Other _____ <input type="checkbox"/>
Road Opening <input type="checkbox"/>
Curb Cut <input type="checkbox"/>
Tree Removal <input type="checkbox"/>

TO BE COMPLETED BY VILLAGE STAFF, FOR OFFICE USE ONLY
Type of Permit (check whichever type applies)

Permit Number: _____
Date Received: _____
Date of Issue: _____
Date of Expiration: _____
Fee Paid: \$ _____

AFFIDAVIT OF PROPERTY OWNER / AUTHORIZATION
(ALL OWNERS must sign either as owner or applicant.)

STATE OF NEW YORK }
 COUNTY OF NASSAU } SS:

(I) (We) _____ being duly sworn, state:

(COMPLETE ITEM, 1, 2, or 3 as applicable then item 4.)

1. (I am) (We are) the owner(s) of the property described in this application known as _____, and designated _____ on the Nassau county Land and Tax Map as: SEC. _____ BLOCK _____ LOT(S) _____
2. If the applicant is a corporation, the deponent is a officer thereof, to wit the _____, and is authorized by the Board of Directors of the corporation to execute this application on behalf of the corporation.
3. If the applicant is a partnership, the deponent, _____ is a general partner thereof, and has authority to execute this application in the name of partnership.
4. (I) (We) hereby authorize _____ to submit this application.

 (Signature of Owner)

Sworn before me this _____ day _____
 Of _____ 200 _____
 (Signature of Owner)

**ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE
 TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Sworn before me this _____ day _____
 Of _____ 200 _____
 (Signature of Applicant)

**FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A
 CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE
 PENAL LAW OF THE STATE OF NEW YORK**
 (FOR OFFICE USE ONLY)

Certificate of Occupancy issued (date) _____
 Certificate of Completion issued (date) _____

**NO WORK MAY START UNTIL PERMIT HAS BEEN
 RECEIVED BY APPLICANT**

THIS APPLICATION WHEN APPROVED BECOMES YOUR PERMIT

Worker's Compensation/Disability certificate provided ? Yes: _____ No: _____

If no, is waiver filed? Yes: _____ No: _____

**APPROVAL BY THE BUILDING INSPECTOR SUBJECT TO THE
 APPROVAL OF THE BUILDING COMMISSION**

BUILDING INSPECTOR _____ DATE _____

APPROVED BY THE DESIGN REVIEW BOARD

CHAIRPERSON _____ DATE _____

APPROVED BY THE BUILDING COMMISSION

NAME _____ DATE _____

NAME _____ DATE _____

NAME _____ DATE _____

**Not valid unless signed and dated herein. This permit expires one (1) year after
 issuance for residential construction and two (2) years after issuance for all other
 construction. Construction must be in progress within three (3) months of the
 date of issuance for this permit to remain in force.**



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

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION <input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	EMAIL
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PERMIT EXP DATE		
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LOT SIZE S.F.		
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# BLDGS ON LOT		
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OWNER OR LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

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 <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 _____