



**INCORPORATED VILLAGE OF MANORHAVEN**  
**"THE PEARL OF MANHASSET BAY"**  
**33 Manorhaven Boulevard**  
**Port Washington, New York 11050**  
**Phone: (516) 883-7000; Fax: (516) 439-5574**

APP BY: \_\_\_\_\_

DATE: \_\_\_\_\_

## **DEMOLITION PERMIT**

### **Instructions For Demolition Permits – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

#### **Please Read and Submit the Following:**

- a. Application Checklist
  - b. Affidavits
  - c. Sign "Call Before You Dig Form"
  - d. Read and Follow Instructions for a Service Disconnect
  - e. Complete Asbestos Survey
  - f. Read & Sign Erosion Control and Fence Guidelines. (It will be your responsibility to schedule a fence and hay bale inspection prior to demolition.);
- 2. A \$100 Application Fee** must accompany the application;
- 3. Prior to demolishing a building:** water service, gas service, sewer lines and electric service lines shall all be disconnected;
- 4. Submit Proof of Insurance** (Certificate of Liability Insurance naming the Village of Manorhaven as additionally insured, Worker's Compensation and a Bond Check) to the Building Department;
- 5. Before demolition commences,** all oil storage tanks, either above or in ground, shall be emptied of all product and removed from the site;
- 6. Before demolition commences,** an approved construction fence must be installed surrounding the site and all erosion control (hay bales & silt fence) must be installed.
- 7. Before demolition commences,** obtain a Certification Letter from the Health Department (this remains valid only 10 days prior to demolition)

<b>LIST</b>	<b>Not Part of Application</b>	<b>Requires Street Opening</b>	<b>Disconnect Date</b>	<b>Letter Submitted</b>	<b>Completed</b>
Board of Health Letter					
Water Service					
Gas Service					
Electric Service					
Sewer Connection					
Oil Tank Removal					
Asbestos Removal					
Erosion Control					



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## **DEMOLITION PERMIT APPLICATION & CHECKLIST**

Date Received: \_\_\_\_\_

Project Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Application/Receipt # \_\_\_\_\_

Zoning: \_\_\_\_\_ Permit # \_\_\_\_\_ Permit Fee: \_\_\_\_\_

### **OWNER INFORMATION:**

Property Location: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **AGENT INFORMATION:**

Agent Responsible for Proposed Work: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**This application is made with the understanding that I agree to save the Village of Manorhaven harmless from any liability for any reason or for any injury to persons or property as a result of negligence or otherwise in connection with this demolition.**

Owner or Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Building Dept. Checklist</b>	<b>Rec'd/Completed</b>	<b>Initials</b>	<b>Comments</b>
\$100 Application Fee			
Affidavits			
Certificate of Liability Form			
Worker's Compensation Form			
Bond Check			
Soil Erosion Form			
Before you Dig Form			
Copy of Health Dept. Certificate			
Asbestos Report, Photo ID & Certification			
Inspection of Fence & Hay Bails			

**One of the following affidavits must be completed:** Project Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Affidavit to be completed by Owner other than Corporation

STATE OF NEW YORK  
COUNTY OF NASSAU

\_\_\_\_\_ being duly sworn, deposes and says he is the owner in fee of the property described in the foregoing application, that I authorize the below listed agent to make this Demolition Permit Application, and that the statements contained therein are true to the best of his knowledge and belief.

\_\_\_\_\_  
Signed

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

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Affidavit to be completed by Corporation Owner

STATE OF NEW YORK  
COUNTY OF NASSAU

\_\_\_\_\_ being duly sworn, deposes and says that the listed Corporation is owner in fee of the described property and authorizes the below listed agent to make this application for the attached Demolition Permit Application, and that the statements contained therein are true to the best of his knowledge and belief.

\_\_\_\_\_  
Signed

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

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Affidavit to be completed by Agent of Owner

STATE OF NEW YORK  
COUNTY OF NASSAU

\_\_\_\_\_ being duly sworn, deposes and says he is the agent named in the foregoing Demolition Permit Application, that he has been duly authorized by the owner in fee to make this application and that the foregoing statements contained therein are true to the best of his knowledge and belief.

\_\_\_\_\_  
Signed

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

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**BEFORE YOU DIG... YOU MUST CALL  
THE LONG ISLAND ONE CALL CENTER  
1-800-272-4480**

**IT'S THE LAW! TWO TO TEN DAYS BEFORE YOU DIG YOU MUST  
NOTIFY THE ONE CALL CENTER AND ARRANGE FOR A MARK  
OUT OF ALL UTILITIES!!**

I certify that prior to starting any excavation work I will notify the One Call Center and arrange for a mark out of all utilities. In addition, I agree to hold the Incorporated Village of Manorhaven harmless from any injury to persons or property caused by negligence or otherwise in connection with demotion or excavations during the length of the proposed project. In the event that a dumpster is required, I will notify the Building Department and file for a permit. I will ONLY use a dumpster carrier certified and insured with the Village of Manorhaven.

By signing my name, I, \_\_\_\_\_ certify that I have read the above notice and agree to abide by the terms for project address \_\_\_\_\_.

STATE OF NEW YORK  
COUNTY OF NASSAU

Notary Seal

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signed \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

## **PORT WASHINGTON WATER DISTRICT SERVICE DISCONNECT**

Any property owner wanting to demolish a structure located in the Port Washington Water District must have the water service disconnected at the main under the District's Rule & Regulations.

### **BEFORE ANY SERVICE CAN BE DISCONNECTED:**

#### **Owner Must:**

- Submit Owner Authorization Form
- Submit a Road Opening Permit
- Establish a plumber at owner's expense
  1. **Plumber must be licensed with the Village of Manorhaven/Town of North Hempstead**
  2. **Plumber must be bonded** with the District for \$10,000
- Pay for any water usage on the water meter

### **AFTER OWNER SUBMITS ALL PAPERWORK AND PAYS ALL FEES 48 HOUR NOTICE NEEDED**

- Owner must schedule disconnect date at least 48 hours in advance
- Water district will mark out water main and service
- Water District will remove meter
- Plumber digs over main
- Plumber removes curb box and/or pit assembly
- If there is a pit: a. Water District will remove pit cover; b. Plumber must fill with dirt
- Water District shuts off corporation cock
- Water district will cut and cap water service from main
- Plumber must backfill.

### **AFTER ALL WORK IS COMPLETED:**

The Water District will issue a letter of disconnect for the owner to present to the Village of Manorhaven/Town of North Hempstead

### **Please contact the District Office with any questions:**

Phone: 516-767-0171

Fax: 516-767-1145



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## **BUILDING ALTERATION & NEW CONSTRUCTION** **SOIL & EROSION CONTROL REQUIREMENTS**

**NOTE: It is prohibited to allow the discharge of fluids containing sediments into municipal streets, catch basins or waterways.**

All construction sites will provide and maintain protection as soon as the soil is exposed to erosion. Perimeter controls consisting of staked hay bales and silt fence shall be immediately installed before demolition and maintained throughout the construction process until after demolition has been completed.

In an effort to control non-point source pollution, erosion and sediment during construction or landscaping and to prevent water run-off from carrying sediment and/or harmful chemicals into the streets and then into the bay, the Village requires the following practices:

1. Disturbed soils shall be stabilized as soon as possible with temporary vegetation and/or mulching. Permanent vegetation shall be established as soon as possible after the utilities are completed and the structure is enclosed; or within a time frame specified on the building permit.
2. The general contractor shall be responsible to maintain Village streets free from water run-off. The streets immediately adjacent to the property shall be kept free from any mud or sediments that are inadvertently carried into the street by vehicles exiting the construction site. The general contractor shall immediately clean the street.
3. Should you fail to comply, you will be issued a Notice of Violation and/or Summons. If you are found guilty, you will be subject to a fine not to exceed \$1000 for the first offense and/or imprisonment not to exceed 15 days.

By signing this document, I certify that I have read the above statements and agree to abide by the terms.

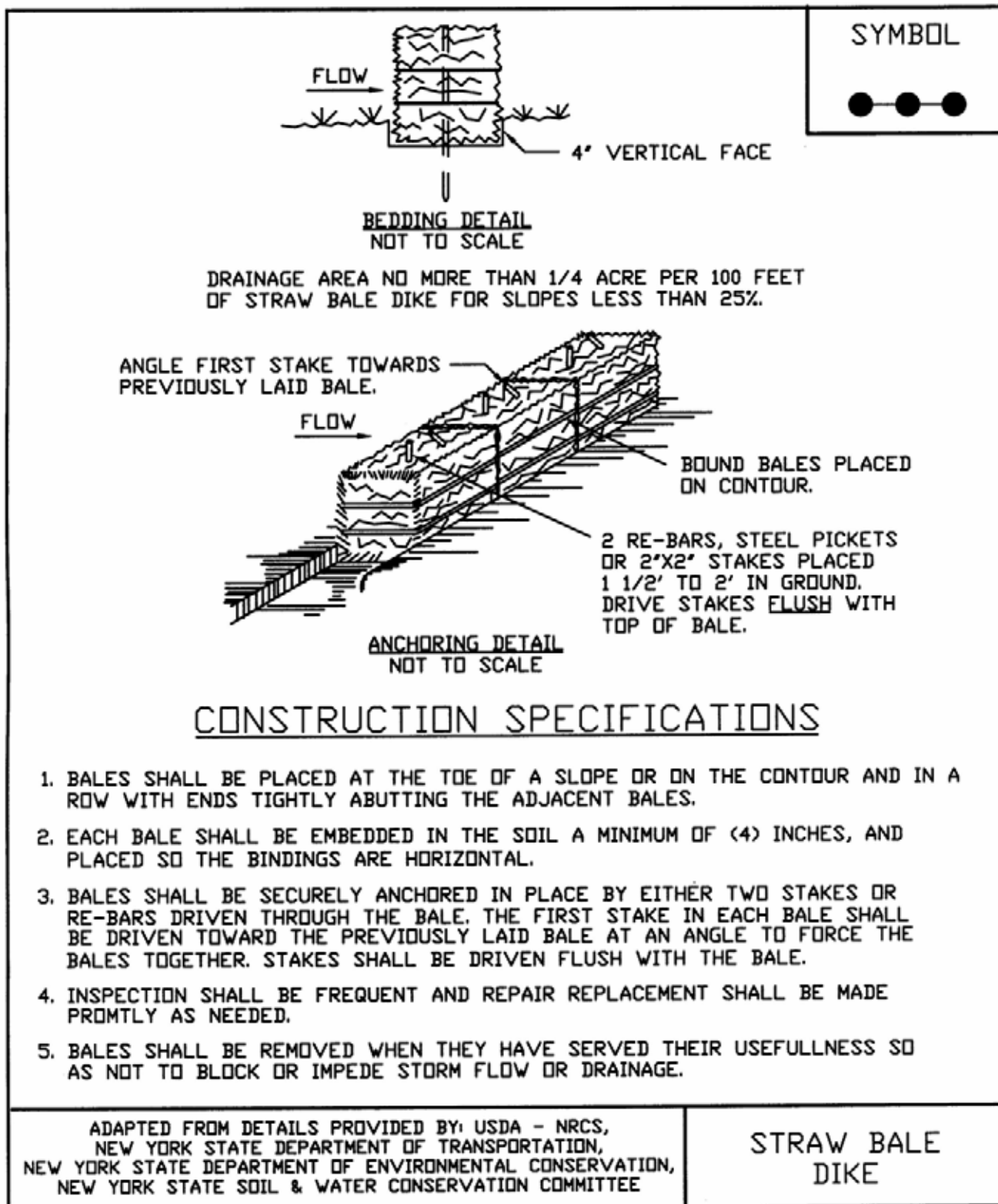
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SIGNATURE

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DATE

**Figure 5A.7**  
**Straw Bale Dike**





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**DEMOLITION ASBESTOS BUILDING SURVEY**

An inspection by a licensed asbestos abatement company shall be required prior to the issuance of a demolition permit. The inspection shall determine if any significant amounts of airborne asbestos or asbestos containing materials have the potential to be released during demolition. Suspect materials shall be sent to a laboratory for analysis. If asbestos is found to be present, all locations shall be mapped out (***as per 12 NYCRR § 56 - 1.9 - b, c, d and e.***)

Has asbestos been found at the site? ☐ YES ☐ NO

Date of survey: \_\_\_\_\_

Address of Survey: \_\_\_\_\_

Owner of Building: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Demolition Contractor: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Asbestos Abatement Contractor: \_\_\_\_\_

**PLEASE PROVIDE:** a copy of the Contractor ID and Asbestos Removal Certification

Contractor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Abatement Contractor License Number: \_\_\_\_\_

Name of Laboratory: \_\_\_\_\_

Submit Laboratory Report: \_\_\_\_\_

Date Submitted: \_\_\_\_\_



Log#	Address	Hamlet
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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)
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**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: