



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

APPLICANT WORKSHEET FOR BUILDING PERMITS

This worksheet is presented as a guide for your preparation of a complete building permit application. Please be careful to include all the documents and items required for the proposed work. Incomplete applications will not be accepted.

BASIC INFORMATION:

- a. Tax Map #
- b. Property Location
- c. Existing use of premises
- d. Zoning
- e. Do FEMA zoning regulations apply? (yes or no)
- f. Do Coastal Zone regulations apply? (yes or no)
- g. Owner(s) of record and contact information
- h. Agent responsible for proposed work/construction
- i. Architect contact information
- j. Proposed work project details
- k. Owner's authorization (if the owner is being represented by an agent, an authorization must be signed & notarized)
- l. Zoning Board of Appeals Case # (if applicable)
- m. Architectural Review Board Case #

NOTE: *If an application is required for plan approval from the ZBA and/or ARB, the applicant is required to follow all directions, approvals, and agreements with one or both boards as applied. Any deviation(s) from approved plans will be resubmitted to applicable boards for additional approval.*

APPLICATION REQUIREMENTS:

- a. Building Permit Application
- b. Construction plans: 2 sets for Residential and 2 sets for Commercial (1/4" scale ONLY)
- c. Two CURRENT Land Surveys
 - Shall show existing and proposed work footprints and lot coverage calculations
 - Shall show data pertinent to zoning and building code regulations
- d. FEMA Elevation Certificate for Flood Hazard Zones
- e. Photographs of building, property, and adjacent properties (* SEE NOTE BELOW)
- f. Landscape Plan as approved per the ARB (Architectural Review Board)
- g. Certificate(s) of Occupancy and/or outstanding permit(s) – All issued
- h. Builder/Contractor Identification and Licenses – Must be received prior to issuance of building permit
- i. Certificate of Workman's Compensation – Must be received prior to issuance of a building permit
- j. Certificate of Liability listing the Village of Manorhaven as additionally insured must be received prior to issuance of a building permit
- k. Fees – to be determined on acceptance of building permit
- l. Letter of Approval from the Water District
- m. For Demolition Permits – please list carting company
- n. Soil test borings indicating level of water at high tide
- o. Signage – describe all information proposed on sign, type of sign, style of print and font size
- p. Notice of utilization of Truss type construction

ADDITIONAL DOCUMENTS AND/OR APPROVALS IF APPLICABLE:

- a. Any application in flood plain areas will require ARB (Architectural Review Board) approval if FILL is brought onto the project site (per Chapter 72 of the Village Code)
- b. Nassau County Department of Health Services
- c. Nassau County Department of Public Works
- d. NYS Department of Environmental Conservation
- e. Village of Manorhaven Trustees (docks, bays, lakes, waterways, etc.)
- f. Fire Marshall – Business Multiple Dwellings (fuel tanks, fire alarms, fire suppression)
- g. ZBA – Zoning Board of Appeals decision
- h. ARB – Architectural Review Board approved site plan and approval resolution
- i. Board of Trustees Special Exception Determination



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BUILDING PERMIT APPLICATION

INSTRUCTIONS: The applicant/owner or owner's agent shall fill out all forms which indicate owner/owner agent including the data sheet, permit affidavits, one call form, soil and erosion control form and the asbestos building survey.

New construction is estimated at **\$225 per square foot**

Please refer to permit fee schedule based on residential, 1-family, 2-family, commercial, etc.

EXAMPLE: A 3000 sq ft 2-family house x \$225 per square foot, equals an estimated cost of a \$675,000 construction cost.

Below is an example on how to calculate fees:

<u>Permit</u> -	\$100
<u>1st thousand</u> -	\$ 50
<u>Each additional \$1,000</u> -	\$ 10
<u>Certificate of Occupancy</u> -	\$ 50
<u>Building Dept. Fee equals</u> -	\$6,750
<u>Impact Fee</u> -	\$20,000

(NOTE: An impact fee of \$20,000 is required for a new construction of a dwelling of two or more families.)

SUBMIT SOIL BORING RESULTS FOR GROUND WATER AT HIGH TIDE:

A. For Building Permit Applications filed with the Zoning Board or Architectural Review Board:

Submit **3 sets** of Stamped and Sealed presentation drawings which will include:

- 1** Title sheet;
- 2** Plot plan 2 3/16" = 1'0" include on the plan all zoning information, setbacks, lot coverage, height of house measured from the crown of the road to the top of ridge;
- 3** Site Drainage: show dry wells and trench drain at driveways;
- 4** Driveways at 10 ft. wide x 20 ft. long and shall be designed with 2 ft ribbons of pavers at the edges, a double driveway shall have a 4 ft ribbon in the middle in addition to the side ribbons. Driveway aprons shall be 2 @ 8 ft. or 1 @ 16 ft.;
- 5** Also include AC unit locations, garbage storage bin location, sidewalks and house numbers;
- 6** Refer to filing BZA and ARB applications;
- 7** The plot shall indicate the elevation at the crown of the road, elevation top of footing, elevation top of foundation, elevations at 4 corners of the property, 2 elevations at mid points of the property and 4 elevations at the corners of the house and the finished first floor elevation;
- 8** The additional plans shall be floor plans at 1/4" = 1' 0", four elevations scale at 3/8" = 1'0", sections scale at 3/8" = 1'0". **Presentation Style ONLY, working drawings will not be accepted!**

NOTE: IF YOU ARE SUBMITTING a BZA application, include the Denial Letter, or for ARB, include Letter of Requirements!

B: For a Building Permit Application Permit which does not include a BZA or ARB Application:

- 1. Submit 3 sets** of Stamped and Sealed complete working drawings with Building and Plumbing Applications, as listed above.
- 2. Submit** recent survey within one year, note that energy code calculations must be submitted prior to approval.

2 - BUILDING INSTRUCTIONS CONTINUED:

C: For Demolition Permits: Submit:

1. Completed description page, completed affidavits, water disconnect and letter of availability, one call sheet, asbestos survey, and review Soil and Erosion Control Sheet;
2. The application must be completely filled out which includes a **\$100 fee**;
3. Before demolition commences, all oil storage tanks either above or in ground, shall be emptied of all product and removed from the site;
4. Prior to demolishing a building water service, gas service, sewer lines and electric service lines shall all be disconnected.

D: For All Electrical and Plumbing Work:

1. Unlicensed contractors may request a **reciprocal license** when they are licensed in the Town of North Hempstead, Hempstead or Oyster Bay.

NOTE: Plumbing Permits shall be submitted for all work greater than direct replacement of 3 fixtures. Applications include replacing oil tanks above or below ground. Permits shall be submitted when converting to gas and installing furnaces, boilers and hot water heaters. When disconnecting or repairing water service lines, permits are required and a **DIAGRAM** must also be attached indicating the location of the line.

E. Letter of Water Availability:

Prior to issuing a building permit, a letter of water availability must be obtained from the Port Washington Water District located at 38 Sandy Hollow Road, Port Washington. Building Permits will not be issued unless the water service line is located in relation to the other services for the house.

**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 _____



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BUILDING PERMIT DATA SHEET

DATE RECEIVED: _____ FEE PAID: _____

SITE LOCATION: _____

SECTION: _____ BLOCK: _____ LOT(S): _____

OWNER'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: _____

GENERAL CONTRACTOR'S NAME: _____

ADDRESS: _____ PHONE: _____

NASSAU COUNTY CONSUMER AFFAIRS LICENSE #: _____

GENERAL CONTRACTOR'S NAME: _____

ADDRESS: _____ PHONE: _____

PRESENT PROPERTY USE: _____

PROPOSED USE: _____

SIZE OF EXISTING BUILDING: _____ SIZE OF PROPOSED BUILDING: _____

PRESENT % OF LOT: _____ PROPOSED % OF LOT: _____

FRONT SETBACK: _____ REAR SETBACK: _____ RIGHT SIDE YARD: _____ LEFT SIDE YARD: _____

WILL EXISTING BUILDING BE DEMOLISHED? _____

WILL THERE BE PLUMBING WORK ASSOCIATED WITH THIS PERMIT: YES NO

PLUMBER BUSINESS NAME: _____ PLUMBER NAME: _____

VILLAGE OF MANORHAVEN PLUMBER LICENSE # _____

WILL THERE BE ELECTRICAL WORK ASSOCIATED WITH THIS PERMIT: YES NO

ELECTRICIAN BUSINESS NAME: _____ ELECTRICIAN NAME: _____

VILLAGE OF MANORHAVEN ELECTRICIAN LICENSE # _____

WORK DETAILED IN PERMITS SHALL COMMENCE WITHIN 6 MONTHS OF ISSUANCE AND SHALL BE COMPLETED WITHIN ONE (1) YEAR OF ISSUANCE, OR RENEWED PRIOR TO THE EXPIRATION DATE.

A CERTIFICATE OF OCCUPANCY.COMPLETION MUST BE OBTAINED PRIOR TO USE OR OCCUPANCY.

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 Building Permit Application, and that the statements contained therein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____ 20_____

Signed

Notary Public

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 Building Permit Application, and that the statements contained therein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____ 20_____

Signed

Notary Public

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 Building 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.

Sworn to me this _____ day of _____ 20_____

Signed

Notary Public



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NOTICE REGARDING EXPIRATION OF PERMITS

**Superintendent of Buildings
Patrick M. Abramski**

Permit # _____

Location: _____

Work detailed in permits shall commence within 6 months of issuance and shall; be completed within (1) year of issuance, or renewed prior to expiration according to the Manorhaven Code. A Certificate of Occupancy must be obtained prior to use or occupancy. This also applies to Certificates of Completion, and Certificates of Approval (Plumbing.)

Inspections:

The permit process includes a series of required inspections. The general contractor is responsible for making appointments for the required inspections. The applicant, the owner's agent, and the owner, are equally responsible for obtaining the proper inspections. **The owner is ultimately responsible for obtaining the final Certificate of Occupancy/Completion Approval prior to use or occupancy and is responsible for making appointments for inspections noted on the building permit placard.**

I am the (check one) OWNER OWNER'S AGENT GENERAL CONTRACTOR

Name (print): _____

Address: _____

The approved permit and plans shall be at the premises at all times. NOTE: The owner, general contractor, architect, or agent must be present during inspections.

I have read the information above and understand it.

Signature: _____

**STATE OF NEW YORK
COUNTY OF NASSAU**

Sworn to me this _____ day of _____ 20_____

Signed

Notary Public



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Superintendent of Buildings
Patrick M. Abramski

Date: _____

Building Permit # _____

Location: _____

Approved By: _____

PERMIT TRACKING REPORT

Project Section _____ **Block** _____ **Lot(s)** _____ **Date Submitted:** _____

OWNER'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

EMAIL ADDRESS: _____

Plumbing License # _____ **Date:** _____

Demolition : _____

Rough Plumbing: _____

Excavation: _____

Mercury Test: _____

Footings: _____

Drywells: _____

Foundation: _____

Fireplace: _____

Foundation Survey: _____

Insulation: _____

Dampproofing: _____

Final Inspection: _____

Framing: _____

Site Work: _____

Permit Description: _____

Building: _____

Variance: _____

ARB: _____

Plumbing: _____

Access: _____

Court: _____

Need Drawings: _____

Need Fees: _____

Title Search: _____

Notes: _____



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BUILDING PERMIT APPLICATION CHECKLIST

Date Received: _____

Project Section _____ Block _____ Lot(s) _____ Application/Receipt # _____

Zoning: _____ Permit # _____ Permit Fee: _____

Fema: YES NO Coastal Zone: YES NO New Application: _____ Renewal: _____

OWNER INFORMATION:

Property Location: _____

Owner of Record: _____

Address _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Fax: _____

AGENT INFORMATION:

Agent Responsible for Proposed Work: _____

Address _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Fax: _____

ARCHITECT INFORMATION:

Plans Prepared By: _____

New York State RAPE License #: _____

Address _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Fax: _____

BUILDING PERMIT CHECKLIST - PAGE 2

PROPOSED WORK PROJECT DETAILS:

Electrician Business Name: _____ Electrician's Name: _____

Village of Manorhaven Electrician's License # _____

Contractor Responsible for Proposed Work: _____

Nassau County Builder / Contractor License #: _____

Existing Use of Premises _____ CO # _____ Date Issued _____

Proposed Project Description: _____

Is this project a new building: YES NO

If Yes: Square Footage Details:

1st Floor _____ 2nd Floor _____ Mezzanine _____ Basement: _____

Is this an addition, alteration or renovation? YES NO

Size of Existing Building _____ Size of Proposed _____

Present % of Lot _____ Proposed % of Lot _____

Front Setback: _____ Rear Setback _____ Right Side _____ Left Side _____

Additional Information: All measurements in square feet:

Pool _____ Deck _____ Patio _____ Fence _____ Garage _____

Shed _____ Other _____

Is this project a demolition: YES NO

Demolition of: _____ Name of Carter: _____

**** Will any FILL be brought onto this site?** YES NO

***** Will the property be regarded to change the site contours?** YES NO

TOTAL ESTIMATED COST: \$ _____

**Silt Fencing / Hay Bales MUST be in place PRIOR to the issuance of a permit!!
NO EXCEPTIONS - INSPECTION REQUIRED!!**

BUILDING PERMIT CHECKLIST - PAGE 3

PARTY: NOTARY PUBLIC:

Application is hereby made for issuance of a Building Permit pursuant to the Code of the Village of Manorhaven and the building Code of the State of the State of New York, and all amendments thereto, for the work as described herein and in the described plans and specifications.

STATE OF NEW YORK }

COUNTY _____ } SS: _____ being duly sworn
PRINT NAME OF PERSON SIGNING APPLICATION

Deposes and says that he/she is the applicant as named above. He/she is the _____
OWNER OR AGENT, CONTRACTOR, OFFICER

Of said Owner or Owners, and is duly authorized to perform or have performed the said work, as described in the attached plans and specifications, and to make and file this application; that all statements contained in this application are true to the best of her/his knowledge and belief; and that the work will be performed in the manner set forth in this application, plans and specifications file herewith.

Sworn to, before me this _____ day of _____, 20_____

Applicant Signature

Notary Signature

STAMP WITH EXPIRATION DATE

THIS SECTION TO BE COMPLETED BY BUILDING INSPECTOR

Building Inspector Approval: _____

Date of Approval: _____



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OWNER AUTHORIZATION

STATE OF NEW YORK }
COUNTY OF NASSAU } SS:

I, _____

residing at _____
OWNER ADDRESS

being the owner of premises _____
PROPERTY LOCATION

also known as Nassau County Tax Map # _____

hereby authorize _____
AGENT

whose mailing address is _____
AGENT ADDRESS

to appear on my behalf before the _____

of the Village of Manorhaven, and to file any documents required with references to my application for :

I hereby agree to allow my agent, whose name appears above, to act on my behalf and I further agree to abide by any requirements imposed by the Board as a condition of their approval.

OWNER SIGNATURE

DATE

Sworn to, before me this _____ day of _____, 20_____

Notary Signature

STAMP WITH EXPIRATION DATE



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WINDOW PROTECTION FOR FLYING DEBRIS IN 100 MPH WIND ZONES

Should the contractor choose the option to install structural wood panels over windows and glass sliding doors instead of providing windows with impact resistant glass, then the following requirements must be satisfied:

- i. All panels shall be painted white;
- ii. The words "Structural Panels – Do Not Discard," shall be printed on all panels in 2 inch letters;
- iii. Each panel shall contain the property address;
- iv. Indicate level on each panel (1st or 2nd floor);
- v. Indicate level of elevation on each panel (right, left, front, rear);
- vi. Indicate bedroom number as shown on plans;
- vii. Boards shall be consecutively numbered;
- viii. During final inspection, the panels shall be installed on all windows and sliding glass doors with hardware equal to or better than required by the NYS Residential Code;
- ix. All panels shall be stored on site and reinstalled over existing windows and sliding glass doors prior to a hurricane or 100 year storm impacting the area;
- x. All lettering shall be black and 2 inches high.

I have read the following requirements and agree to these terms. I shall comply with the information above in lieu of installing windows with impact resistant glass as required by the NYS Residential Code in areas within one mile of the coast.

Date _____

I am the Owner/Owner's Agent _____

Owner/Agent's Address _____

Phone number _____ Email _____

Signature _____

Sworn to before me this _____ day of _____ 20_____

STAMP WITH EXPIRATION DATE

Notary Public



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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.

SIGNATURE

DATE



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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: _____

Contractor Phone: _____ Email: _____

Abatement Contractor License Number: _____

Name of Laboratory: _____

Submit Laboratory Report: _____

Date Submitted: _____

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

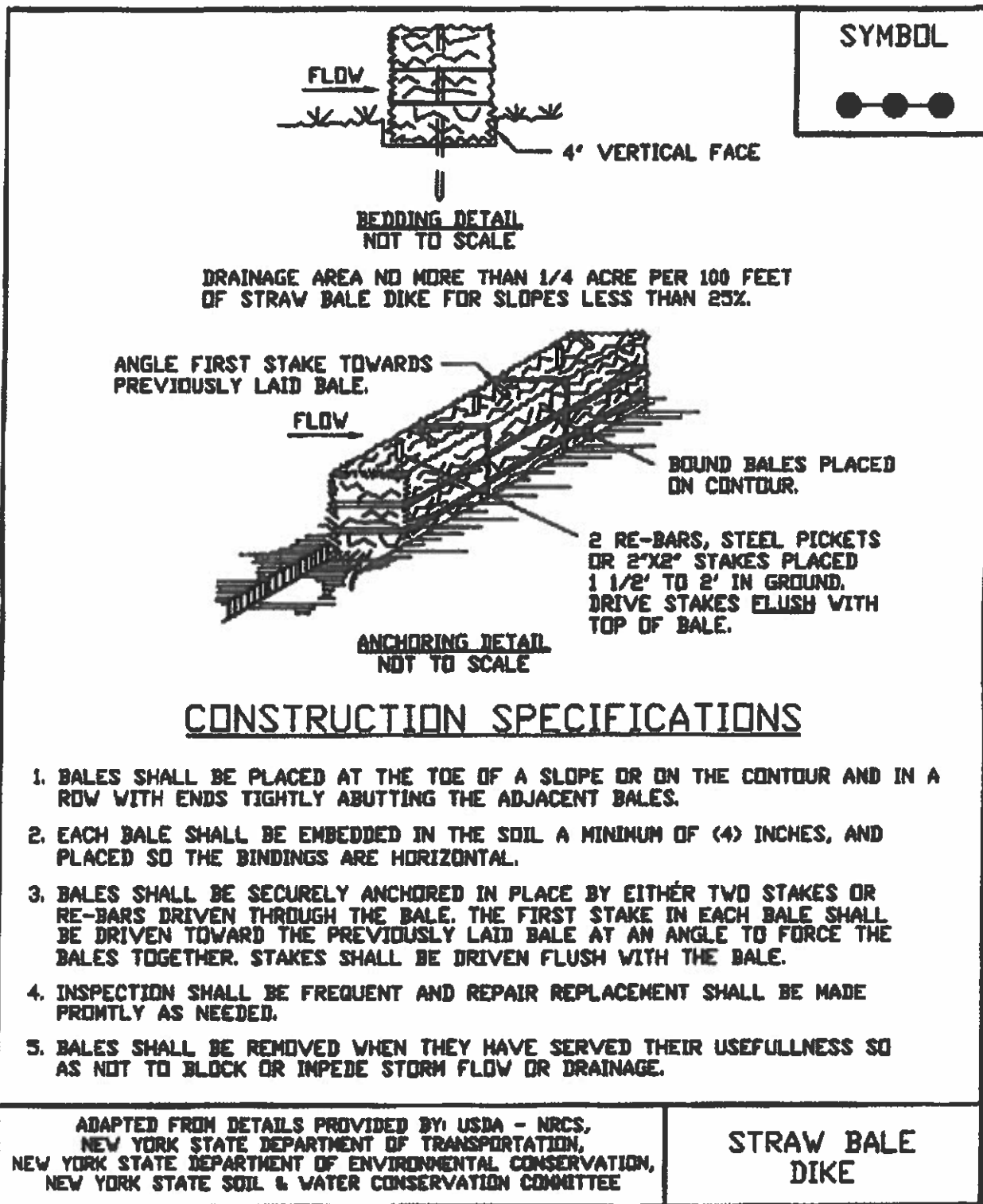
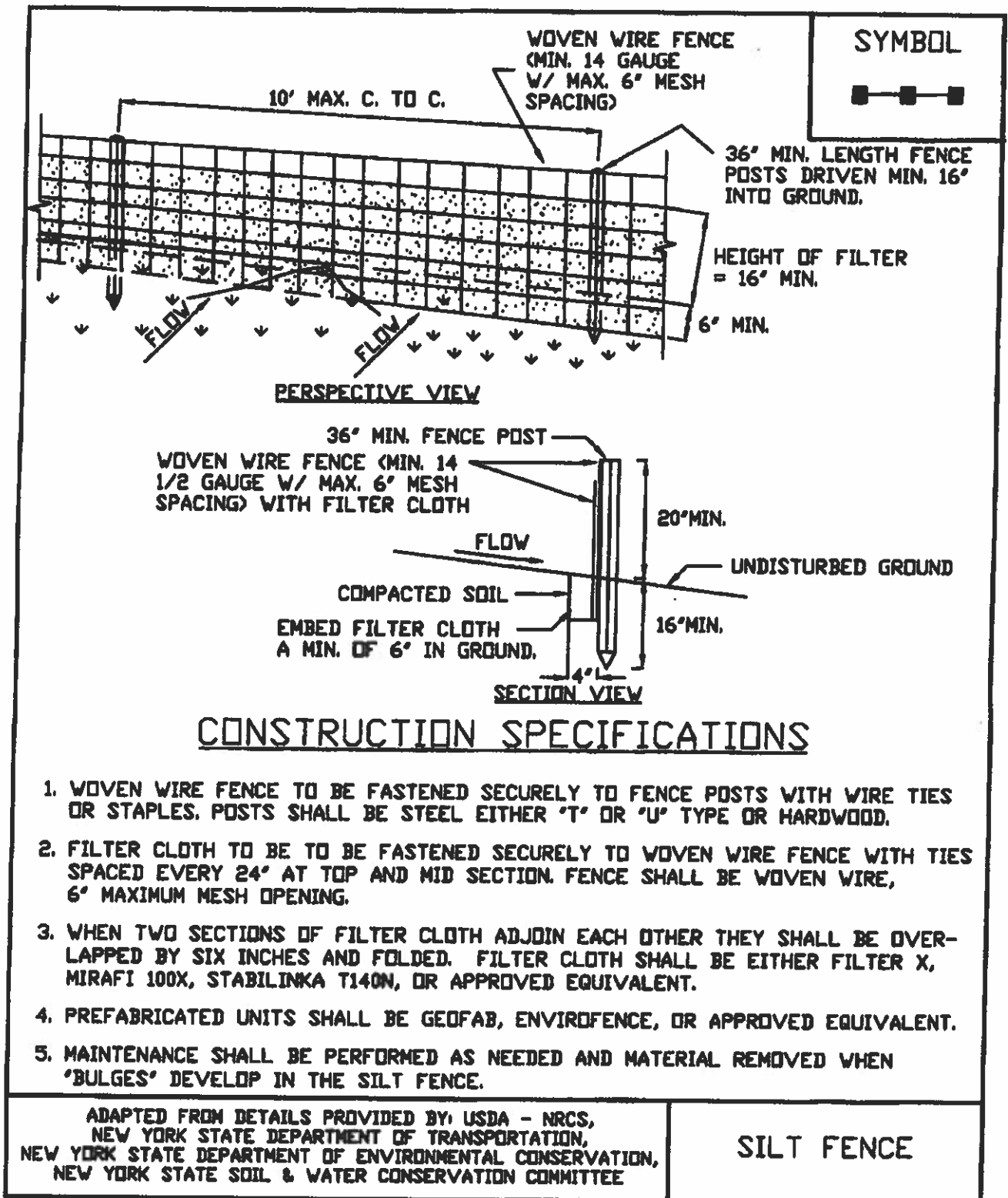


Figure 5A.8
Silt Fence





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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: _____

Contractor Phone: _____ Email: _____

Abatement Contractor License Number: _____

Name of Laboratory: _____

Submit Laboratory Report: _____

Date Submitted: _____

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION IN RESIDENTIAL STRUCTURES**
(In accordance with Title 19 NYCRR PART 1265)

INCORPORATED VILLAGE OF MANORHAVEN

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

*PLEASE AFFIX APPROPRIATE SIGN OR SYMBOL IN ACCORDANCE WITH TITLE 19 NYCRR 1265
SECTION 382-B OF THE EXECUTIVE LAW.*

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

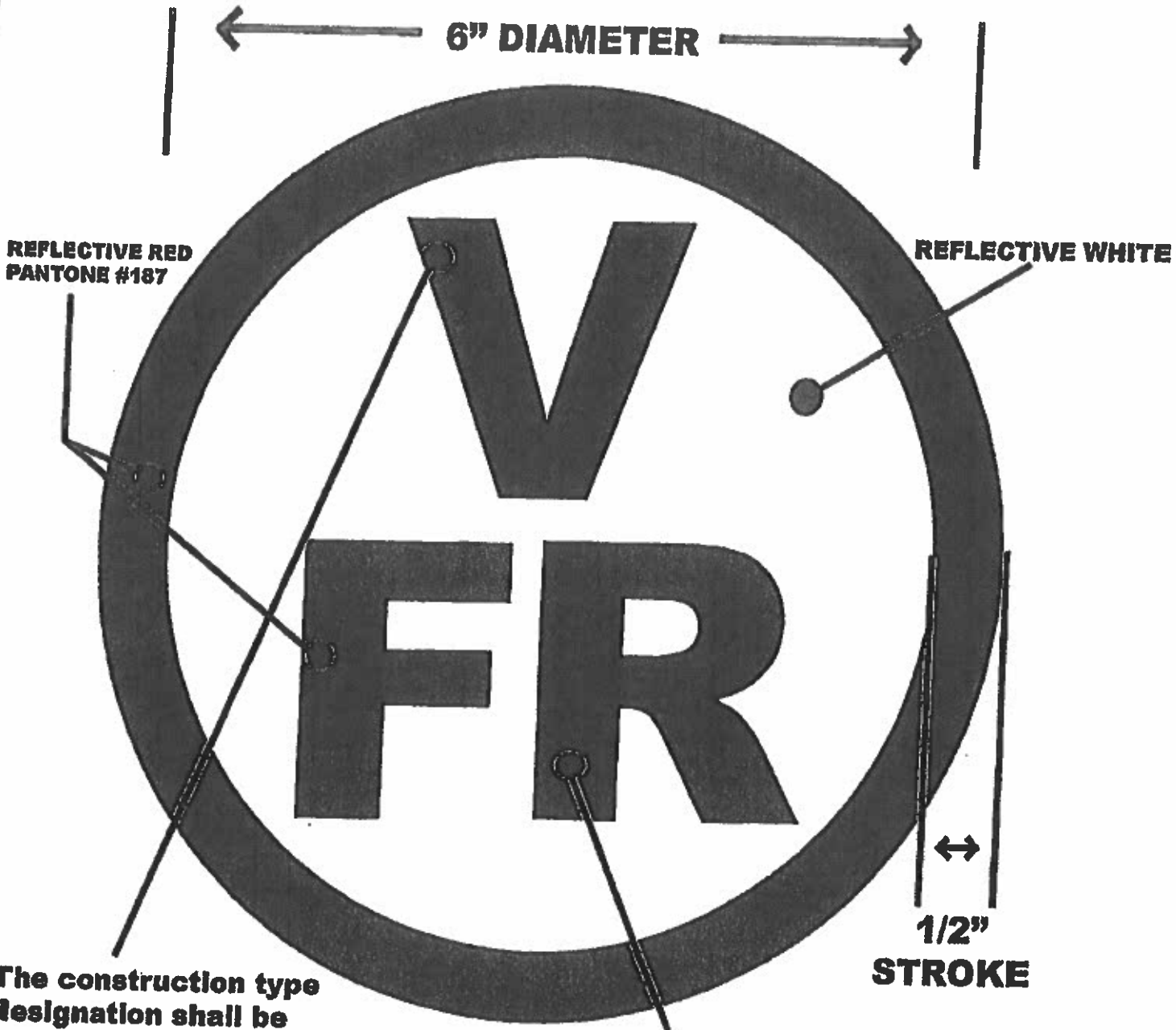
- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative



The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING



Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
 Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?
 Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes No If Yes, explain briefly:

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

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