

Building Department
Incorporated Village of Lynbrook
One Columbus Drive
Lynbrook, NY 11563
(516) 599-8828

The following information **MUST** be submitted before the Building Permit Application is deemed complete.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- Building Permit Application completed in full **WITH** notarized signature of Homeowner, and contact information
 - **All Commercial Building Permit applications must complete the Code Data Worksheet**
- Completed Nassau County Assessment form with signature
- **\$75** Nonrefundable Application Fee
- **TWO** sets of Architectural or Engineer's Drawings including all zoning setbacks noted on front page (**all plans must be stamped and signed**)
 - **Digital set of architectural plans and/or engineers' drawings must be submitted to plansubmittals@lynbrookvillage.com**
 - Design must comply with all applicable N.Y.S. Construction Codes.
- **TWO** copies of Property Survey
- Plumbing Permit Application **WITH** Homeowner signature and contact information. **Plumber must be licensed with the Village of Lynbrook.**
- Mechanical Permit Application **WITH** Homeowner signature and contact information.
- **THIRD PARTY INSPECTION APPLICATION** from the Electrician. **Electrician must be licensed with the Village of Lynbrook**
- Copies of **Updated** insurances for Plumber/Electrician/Contractor
 - Worker's Compensation
 - General Liability Certificate
- Copy of Contractor's Nassau County Consumer Affairs License

ATTENTION SOLAR PANEL COMPANIES

- (Note: Must comply with all applicable code requirements)
- You must include two (2) renderings that depict proposed solar panels on the building or structure. Solar companies must provide clear, color renderings of the panels superimposed on the roof along with both aerial and street view (front, side, etc.). If the panels cannot be seen from the street; please state on renderings. In addition, renderings must be emailed to jwiater@lynbrookvillage.com at the time of submittal to the Building Department, with the address of the property in the subject line. Please note that the homeowner must attend the Architectural Review Board meetings as well.

****You will not be on the agenda until conditions are met.****

Building Permit Applications (2 copies) & Nassau County Assessment Forms must be printed on legal size paper (8.5 X 14). Building Permit Applications and Nassau County Assessment forms submitted on 8.5 x 11 paper will not be accepted.

Additional information regarding permit submittals can be found on the Village Website at <https://www.lynbrookvillage.net/forms-documents/>

**BUILDING DEPARTMENT - INC. VILLAGE OF LYNBROOK
BUILDING PERMIT APPLICATION**

Application # _____ Application Fee: \$ _____
 Permit No. _____ CO/CC# _____ Permit Fee: \$ _____
 Property Address: _____ Zone: _____ Sec: _____ Block: _____ Lot: _____

I. TYPE AND COST OF BUILDING ALL APPLICANTS COMPLETE PARTS A THROUGH C.

A. Type of Improvement

- 1. New Building/Structure
- 2. Addition (if residential enter# of new housing units added if any, in Part B)
- 3. Alteration (See 2 above)
- 4. Use
- 5. Other

WORK PROPOSED - Describe in detail use of building & work proposed. If use of existing building is being changed, enter proposed use. _____

C. Cost

Electrical: \$ _____
 Plumbing: \$ _____
 Materials: \$ _____
 Labor: \$ _____
 Total Cost of Improvement: \$ _____

Cost must be accurate or application will not be reviewed.

Plumber's Name _____ Phone # _____

Electrician's Name _____ Phone # _____

B. Proposed Use

Residential

- | | | |
|--------------------------|--------------------------|--------------------------------------|
| Existing. | Proposed | |
| <input type="checkbox"/> | <input type="checkbox"/> | One Family |
| <input type="checkbox"/> | <input type="checkbox"/> | Two Family |
| <input type="checkbox"/> | <input type="checkbox"/> | Multi Family - Number of Units _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Garage |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Specify) _____ |

Commercial

Existing Use _____

Proposed Use _____

II. SELECTED CHARACTERISTICS OF BUILDING

- D. All Principal Type of Construction must be listed on the Architectural Drawings.**
- E. All Zoning Data must be provided on the Architectural Drawings.**
- F. Commercial applications must include Code Data Worksheet.**

Note: The plumber and/or electrician must be licensed with the Village of Lynbrook. You must supply the name of the individual, not the company name.

Electricians must include 3rd party inspection application with submission.

III. IDENTIFICATION - *ALL FIELDS MUST BE COMPLETED BY ALL APPLICANTS

Architect/Engineer:	_____	_____
	*Name	*Address
	_____	_____
	*Phone Number	*Email
Property Owner:	_____	_____
	*Name	*Address
	_____	_____
	*Phone Number	*Email
Contractor:	_____	_____
	*Name	*Address
	_____	_____
	*Phone Number	*Email

**Contractor must submit Nassau County Consumer Affairs License, Liability insurance and Worker's Compensation insurance certificates with the Inc. Village of Lynbrook as the Certificate Holder. If the contractor does not employ anyone, then an affidavit (C-105.21) from the Worker's Compensation Board must be submitted.
Property must be owner occupied for homeowner to act as contractor.**

**THE PROPERTY OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE INCORPORATED VILLAGE OF LYNBROOK.
PROPERTY OWNER'S SIGNATURE MUST BE NOTARIZED**

_____	, being duly sworn	_____
Owner's Name (Printed)	deposes and says that they are authorized to make this application and perform the work described, herein, and that all statements contained herein are true to the best of his knowledge and belief.	Applicant's Name (Printed)

_____	Sworn to before me this _____, day of _____	_____
Owner's Signature	20____	Applicant's Signature

Notary Public



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: Inc. Village of Lynbrook

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

TOWN _____
SCHOOL DISTRICT _____
SECTION _____
BLOCK _____
LOT(S) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____

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: OWNER OR LESSEE

NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____

CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____

ADDRESS _____

CITY, STATE, ZIP _____

WORK MUST BEGIN BY _____

PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME

PHONE _____

EMAIL _____

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

**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 NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

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