



DEPARTMENT OF BUILDINGS
INCORPORATED VILLAGE OF GARDEN CITY
VILLAGE HALL
351 STEWART AVENUE
GARDEN CITY, NY 11530
516-465-4040(O) – 516-742-5377 (F)



BUILDING PERMIT REQUIREMENTS

Application for Building Permit

Nassau County Assessors Form

Two (2) sets of construction drawings and specifications

Property survey indicating current conditions (w/existing topography for new buildings)

N.Y.S. Energy Code calculations (signed and sealed by R.A. or P.E.)

Workers Compensation and Disability Insurance Certificates (**not Accord form**)

Permit Applications from licensed plumber, electrician and/or mechanical contractor

Sewer and water charges (new buildings only)

Application Review Fee: **\$125.00**

Residential: Fee of **\$150.00** for the first \$1000 of estimated cost plus \$20 for each additional \$1000 in cash or check payable to the Incorporated Village of Garden City (Triple fee for pre-built structures)

Commercial: Fee of **\$250.00** for the first \$1000 of estimated cost plus \$20 for each additional \$1000 in cash or check payable to the Incorporated Village of Garden City (Triple fee for pre-built structures)

Deposit of **\$300 (residential) \$500 (commercial)** for the first \$1000 of estimated cost plus \$40 for each additional \$1000 in cash or check from property owner (for residential) payable to the Incorporated Village of Garden City.

- **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

REQUIRED INSPECTIONS

Not limited to the following:

Foundation: Excavation, footings and walls for new buildings, submit foundation survey prior to framing (unless otherwise required)

Framing: At completion of wind bracing, plumbing, mechanical and electrical roughing

Insulation: Prior to application of interior finishes plumbing, mechanical and electrical: main service installation, roughing and final

Final: Upon completion of all work

- **Inspection requests must be made at least one day in advance with permit number**
- **Approved plans must be on job site with contractor present**
- **Permit must be posted in front window**

REQUIREMENTS FOR CERTIFICATE OF OCCUPANCY AND/OR CERTIFICATE OF COMPLIANCE:

Final approval of all inspections

Electrical Certificate

Two (2) copies of final survey

Affidavit of final cost (new buildings only)

Certification letter for landscaping, if applicable



**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 _____

ADDRESS OF PROPERTY _____

CITY, TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION: _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

Check one

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

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES NO

FINISHED ATTIC YES NO

BASEMENT FINISH

1/4 1/2 3/4 FULL

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 _____