VILLAGE OF FLOWER HILL
1 Bonnie Heights Road | Manhasset, NY 11030
| (516) 627-5000 | www.villageflowerhill.gov

PATIO, WALKWAY OR OTHER NON-VEGETATIVE SURFACE APPLICATION CHECKLIST:

- ☐ Submit a Building Permit Application Form.
- ☐ Current Survey A survey dated within one (1) year of the application. If survey is less than one year old, the architect or engineer of record must provide a signed, stamped and sealed plot/site plan certification confirming actual existing conditions on the property.
- ☐ Current Survey/Site Plan showing:
    a. Existing and proposed deck location, dimensions, setbacks from property lines, and all existing structures.
    b. For applications for a deck and/or any raised patio greater than Lot Coverage calculations.
    c. Drainage Plan, if applicable. Depending on size, construction and proposed surface, additional drainage, including drywells, may be required.
    d. Lot Coverage calculations required for applications for a raised patio greater than 18" above grade.
- ☐ Photos of existing patio and/or walkway and proposed material/color sample or manufacturer's information.
- ☐ Short Environmental Assessment Form
- ☐ Nassau County Assessor's Form
- ☐ Insurance: For required coverages see "Insurance Requirements for Obtaining a Permit" attached to Building Permit Application:
  ____General Liability (Accord Form) with Village of Flower Hill named as Additional Insured; ____ Worker's Compensation (C-105.2 Form) ____Disability Insurance (DB 120.1 or DB155 Form) ____Nassau County Home Improvement License
- ☐ Fee: $750 + $0.50 per square foot (includes Certificate of Completion)

FOR DIRECT REPLACEMENT – SAME FOOTPRINT AND SAME MATERIALS:

- ☐ Submit a Building Permit Application Form.
- ☐ Current Survey A survey dated within one (1) year of the application. If survey is less than one year old, the architect or engineer of record must provide a signed, stamped and sealed plot/site plan certification confirming actual existing conditions on the property
- ☐ Current Survey showing location of patio and/or walkway.
- ☐ Photo of existing patio and/or walkways
- ☐ Insurance: For required coverages see "Insurance Requirements for Obtaining a Permit" attached to Building Permit Application:
  ____General Liability (Accord Form) with Village of Flower Hill named as Additional Insured; ____ Worker's Compensation (C-105.2 Form) ____Disability Insurance (DB 120.1 or DB155 Form) ____Nassau County Home Improvement License
- ☐ Fee: $750 + $0.50 per square foot (includes Certificate of Completion)

PRIOR TO ISSUANCE OF A CERTIFICATE OF COMPLETION:

Submit a new survey prepared by a NYS licensed land surveyor showing the location and dimensions of completed patio and/or walkway.

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK
HOURS OF WORK: MONDAY – FRIDAY 8:00 AM – 6:00 PM
NO CONSTRUCTION WORK ON SATURDAY, SUNDAY OR FEDERAL HOLIDAYS

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Permit # _____

BUILDING PERMIT APPLICATION

Application must be submitted with the requirements applicable to the proposed project.
An application is not complete until all required information and supporting documents have been submitted.

1. PROPERTY INFORMATION

Site Address _____

Section / Block / Lot / Zone Section: Block: Lot: Zone:

2. PROJECT INFORMATION (CHECK ALL THAT APPLY)

Project Type (check all that apply):

☐ New Single-Family Dwelling ☐ Addition/Alteration ☐ Interior Alteration/Renovation ☐ Exterior Alteration
☐ Shed ☐ Accessory Structure ☐ Demolition ☐ Siding ☐ Fence ☐ Roof ☐ Windows/Doors ☐ Swimming Pool/Spa
☐ Patio or Other Non-Vegetative Surface ☐ Sports Court ☐ Plumbing ☐ Drywell/Septic ☐ HVAC/Generator ☐ EV Charger
☐ Oil Tank /Removal Abandonment

Driveway: ☐ Repave Existing (No Changes) ☐ Modify Footprint ☐ Other: _____

Description / Scope of Work:

_____

_____

_____

Will the property be regraded or site contours changed? ☐ Yes ☐ No Will fill be brought onto the property? ☐ Yes ☐ No
Will any trees be removed in connection with this project? ☐ Yes ☐ No

3. PROPERTY OWNER

Owner Name _____

Mailing Address _____

Telephone / Email _____ / _____

4. APPLICANT

Applicant Name _____

Relationship to Owner ☐ Owner ☐ Architect/Engineer ☐ Contractor ☐ Authorized Agent ☐ Other: _____

Mailing Address _____

Telephone / Email _____ / _____

If the applicant is not the property owner, complete the Owner Authorization on page 3.

5. CONTRACTORS

Contractor Name: _____ Address: _____

Phone: _____ Email: _____

Architect/Engineer _____

Phone: _____ Email: _____

Plumber _____ Phone: _____ Email: _____

Electrician _____ Phone: _____ Email: _____

Misc. _____ Phone: _____ Email: _____

Approval of this application, plans, ARC BZA or any other Village approval does not authorize work to begin.

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK

Initial: _____

In consideration of the issuance of the requested permit, the applicant agrees that all work will comply with the approved plans, the Village Code, the New York State Uniform Code and Energy Code, and all other applicable laws and requirements. The owner/applicant authorizes the Building Superintendent and other authorized Village representatives to enter the property at reasonable times for inspections related to the permitted work.

Initial: _____

FOR BUILDING DEPARTMENT USE ONLY

☐ Approved ☐ Denied _____
(Reason)
Signature: _____ Date _____
(Building Inspector)

BUILDING PERMIT FEE $_____ Paid Date _____

Signature: _____ Date _____
(Building Inspector)

6. PLUMBING

Project Type (check all that apply):

☐ New ☐ Repair

Number of Fixtures:
New _____ Existing _____ Total: _____

Number of Gas Appliances:
New _____ Existing _____ Total: _____

Description / Scope of Work:

_____

_____

_____

Fixtures	Location			
Location	**B**	**1ST**	**2ND**	**3RD**
Bathroom Sink				
Toilet				
Bathtub				
Stall Shower				
Bidet				
Urinal				
Kitchen Sink				
Utility Sink				
Indirect Wastes				
Dishwasher				
Washing Machine				
Floor Drains				
Water Cooler/Fountain				
Main Water Service				

( ) Gas ( ) LP Gas ( ) Oil

Fixtures	Location			
Location	**B**	**1st**	**2nd**	**3rd**
Fuel Tank Size				
# Ft Gas Piping				
HVAC				
Furnace Gas/Oil				
Stove/Oven				
Boiler Gas/Oil				
Indirect Storage Tanks				
Dryer				
Generator				
Gas Fireplace				
Unit Heater				
Pool Heater				
Barbeque				
Other: _____				

ADDITIONAL REQUIREMENTS:

- Schematic riser diagram required for sanitary piping for Plumbing Permits.
- Schematic piping plan illustrating length of pipe runs required for Gas Piping Permit.
- Survey illustrating location of exterior placed equipment required for HVAC and Generator Permits.

OWNER ATTESTATION, AUTHORIZATION AND APPLICANT AFFIDAVIT

Property Address _____

Section / Block / Lot Section: / Block: / Lot:

A. OWNER ATTESTATION AND AUTHORIZATION (MUST BE NOTARIZED)

I, the undersigned, being duly sworn, state that I am the owner of record of the property identified above or am duly authorized to sign on behalf of the property owner.

I certify that the information contained in the Building Permit Application and all accompanying plans, documents and submissions is true, accurate and complete to the best of my knowledge and belief. I understand that the Village will rely upon this information in reviewing the application and that any material misrepresentation or omission may result in denial or revocation of the permit.

If this application is filed by someone other than the property owner, I authorize the person identified below to act as the owner's agent for purposes of filing and processing this application and related submissions with the Village of Flower Hill.

Owner / Authorized Signatory _____

Applicant Authorized to Act _____

Print Name / Title _____ / _____

Signature / Date _____ / _____

Sworn to before me This day of , 20

Notary Public _____

B. APPLICANT AFFIDAVIT (MUST BE NOTARIZED)

STATE OF NEW YORK
COUNTY OF NASSAU ss.:

I, the undersigned applicant, being duly sworn, state that I am authorized to submit this application and that the information contained in the Building Permit Application and accompanying documents is true and complete to the best of my knowledge and belief. I understand that issuance of a permit does not authorize work contrary to applicable Village requirements or law.

Applicant Name _____

Capacity ☐ Owner ☐ Authorized Agent ☐ Architect/Engineer ☐ Contractor ☐ Other: _____

Applicant Signature _____

Sworn to before me This day of , 20

Notary Public _____

617.20

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:

☐ New ☐ Expansion ☐ 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?

☐ Yes ☐ No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?

☐ Residential ☐ Industrial ☐ Commercial ☐ Agriculture ☐ Park/Forest/Open Space ☐ Other

Describe:

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?

☐ Yes ☐ No If Yes, list agency(s) name and permit/approvals:

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?

☐ Yes ☐ No If Yes, list agency(s) name and permit/approvals:

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?

☐ Yes ☐ 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

OVER

Reset

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)

Reset

BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: Flower Hill

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: Flower Hill

ZIP

ESTIMATED COST OF CONSTRUCTION:

Check one

☒ OWNER OR ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

WORK MUST BEGIN BY

PERMIT EXP DATE

LOT SIZE S.F.

BLDGS ON LOT

PRINCIPLE TYPE OF CONSTRUCTION

☐ STEEL ☐ MASONRY ☐ FRAME

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

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

Rev 08/11

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