

## **Building Permit Application Checklist**

**Dear Applicant:** This checklist is presented as a guide for preparation of a complete building permit application. In order for this application to be processed efficiently, please be sure to include all documents and items required for the proposed work. Please print these documents in legal size format.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**  
**All applications must be submitted on Legal Size paper (8.5" x 14")**

1. Two (2) fully completed signed and notarized permit applications w/appropriate fee
2. Three (3) sets of plans and specifications, all sheets must be numbered consecutively, three (3) sets of plans must be signed and stamped on each sheet or page by a NYS licensed architect or professional engineer showing:
  - a. All structural and plumbing details
  - b. Foundation (piling plan) pursuant to FEMA regulations and Local Law 6 of 1998 showing sizes and types of materials
  - c. Floor plan (for each planned building floor) and square footage of living space indicating Room layout, headers, floors, side walls and ceiling materials and sizes & decks, walkways and square footage
  - d. At least three (3) elevation views showing exterior of the building, a cross section of the building indicating all materials as to size and type
  - e. 60 Degree Pyramid Analysis clearly delineated on all three elevation views
  - f. Drainage and vent system detail showing all plumbing connections and piping in the building
  - g. Drawings shall be clear and accurate and drawn to 1/4" to foot scale;
  - h. Mechanical and electrical details, elevated above BFE;
  - i. NYS energy code calculations
  - j. Details of exterior steps, stairways, railings, driveways, terraces and patios on grade, type of materials for exterior
  - k. All construction below BFE must be certified by architect or engineer as breakaway construction as per FEMA & Local Law #6 of 1998 (V zone only)
3. Affidavit of Energy Compliance, 3<sup>rd</sup> party testing form (manual J & blower door)
4. A valid Certificate of Occupancy or certified abstract of single and separate ownership
5. REScheck form
6. Two (2) current surveys, showing FEMA zone, all existing and proposed structures, their setbacks to all property lines, square footage of each and percentage of lot coverage of existing and proposed structures in relation to the lot area (lot area equals total parcel area minus wetlands, if any). Must have location of gas tank. One corner monument per lot required. Must be drawn to scale. Survey must be signed and stamped by a NYS Licensed Surveyor  
Oceanfront Property must show Coastal Erosion Hazard Line (ocean only)
7. A copy of the Suffolk County Health Department approval for cesspool and well installations (new construction) and modifications to existing buildings where the existing cesspool and well systems are being modified. (Health Dept: 852-2100); NOTE: No structure can be built within the 25 yard setback on ocean side properties
8. DEC approval (work within 300 feet from wetlands) or DEC letter of non-jurisdiction or DEC general permit
9. The Village Flood Damage Prevention Code requires (Local Law #6 of 1998):
  - a. The elevating of all structures whenever cumulatively and/or substantially improved more than 50% of replacement value;
  - b. that the area below the BFE is constructed of Breakaway Walls in V zones only
10. Any change in field plans are to be resubmitted to, and approved by the Building Inspector
  1. A building permit expires one (1) year from date of issue if construction has not been completed

**\* No Certificate of Occupancy will be issued until the following documentation is submitted to the Building Inspector for Final Approval**

- \_\_\_\_\_ Piling Certificate - **Original**
- \_\_\_\_\_ Electrical Inspection Certificate – **Original**
- \_\_\_\_\_ Plumbing and gas certification forms- **Original**
- \_\_\_\_\_ Breakaway/Design Professional letter (V zone only) - **Original**
- \_\_\_\_\_ Elevation Certificate – **Original**
- \_\_\_\_\_ Affidavit of Energy Compliance Form - **Original**
- \_\_\_\_\_ Survey w/Department of Health Approval – Stamped w/Green Ink- **Original**
- \_\_\_\_\_ 120 MPH Glass/Shutters
- \_\_\_\_\_ Address Numbers on the house required to be 4 inches tall by ½ inch thick stroke
- \_\_\_\_\_ Stamped Sprinkler System Plans & Letter of Compliance of NFPA-13R - **Original**
- \_\_\_\_\_ “As Built” Survey Reflecting the CEHA Line (ocean only) – 1 **Original**
  - Total square footage for all living spaces, decks & pools etc.
  - Lot coverage (maximum 20%)
  - Building height (lowest structural member to top of highest ridge maximum 32’)
  - Location of one required roadside corner monument (non-roadside any corner)
  - Location of gas tanks

**Building Department Fees:**

Building Permit (New)	\$2,000.00 – Minimum; or \$2.00 per square foot
Building Permit (Addition)	\$ 750.00 – Minimum; or \$2.00 per square foot
Building Permit Substantial Improvement	\$1,500.00 – Minimum; or 5% of valuation of total improvement
Zoning Board of Appeals	
Application Fee	\$ 500.00
Per Variance Requested	\$ 300.00
Certificate of Occupancy	\$ 50.00
Structural Inspection	\$ 250.00
Demolition under 1,000 square feet	\$ 500.00
Demolition over 1,000 square feet	\$ 750.00

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Application is hereby made for a:

- ( ) Building Permit  
( ) Other \_\_\_\_\_

Permit No.: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
(filled in by Building Inspector)

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1. Name of Owner: \_\_\_\_\_  
Location of property: \_\_\_\_\_  
SCTM No.: 0907- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

2. Contractor Responsible for Proposed Work: \_\_\_\_\_  
Copy of Contractor's License: \_\_\_\_\_  
Proof of Workers Compensation and Disability Insurance: \_\_\_\_\_ (copy)  
Description of Proposed Work:  
\_\_\_\_ New Building \_\_\_\_ Addition \_\_\_\_ Alteration \_\_\_\_ Repair  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Size of Property: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ sq. ft.

4. Percentage of lot occupied: \_\_\_\_\_ Total area: \_\_\_\_\_ (not to exceed 20%)

5. Accessory Structures:  
Percentage of rear yard occupied: \_\_\_\_\_  
Setback from rear lot line: \_\_\_\_\_  
Setback from side yard line (a): \_\_\_\_\_  
(b): \_\_\_\_\_

6. Are there any property covenants or conditions of special permits which would affect the development of this property: \_\_\_\_\_  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

7. Name of Architect \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

The owner grants the Building Inspector permission to enter the property at any reasonable hour, without prior notice to assure compliance with construction, zoning or any Village Ordinance

**\*\*For demolition permits a letter of certification that gas and electric have been disconnected and a copy of the contractor's license and insurance\*\***

**NO ACTION WILL BE TAKEN ON INCOMPLETE APPLICATIONS**

APPLICATION IS HEREBY MADE FOR ISSUANCE OF A BUILDING PERMIT pursuant to the Code of the Village of West Hampton Dunes and the Building Code 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:

ss.:

COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_, being duly sworn deposes and says that he/she is  
(PRINT) NAME OF INDIVIDUAL SIGNING APPLICATION  
the applicant above named. He/She is the \_\_\_\_\_

OWNER OR AGENT/CONTRACTOR

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 his knowledge and belief; and that the work will be performed in the manner set forth this application, plans and specifications filed herewith. That in effect, are all required insurance, including workers compensation insurance, and that I presently possess a valid Suffolk County home improvement license,

\_\_\_\_\_  
Name of Property Owner

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Contractor

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

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

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

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

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**\*\*For Official Use Only – To Be Completed by the Building Inspector of West Hampton Dunes\*\***

The following action has been taken for this Building Permit Application:

\_\_\_\_\_ Application has been **APPROVED**, Building Permit # \_\_\_\_\_ has been issued

Date Issued: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Application has been **DENIED** do to the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Denied: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Robert Kalfur, Building Inspector**

**AFFIDAVIT OF ENERGY COMPLIANCE, 3<sup>RD</sup> PARTY TESTING**

STATE OF NEW YORK                    )  
  ) ss.:  
COUNTY OF SUFFOLK                )

I, \_\_\_\_\_, being duly sworn and depose, state that the undersigned company, is BPI or HERS certified, has been hired to perform the required testing and documentation of energy compliance, as defined within the IRC for new constructions and 2017 Uniform Code Supplements, for the addition(s)/alteration(s)/conversion(s) to be constructed at:

Property address \_\_\_\_\_, West Hampton Dunes

Owners Name (printed) \_\_\_\_\_, Initials: \_\_\_\_\_,

Suffolk County Tax Map No.: 907-\_\_\_\_-\_\_\_\_-\_\_\_\_  
  Section Block Lot

**Please be informed:**

\_\_\_\_ I have review the plans for construction

\_\_\_\_ I will oversee insulation installation and air sealing measures being performed by the contractor

\_\_\_\_ I will provide a Certified Blower Door Test

\_\_\_\_ I will work with the homeowner and the contractor until compliance is achieved

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ email address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Affiant)

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_



**SOLDER AND ANTI-SCALD CERTIFICATION**

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

Building Permit #: \_\_\_\_\_

Owner: \_\_\_\_\_

Plumber: \_\_\_\_\_

1. I certify that all work performed complies with all applicable sections of the 2015 International Plumbing Code
2. I certify that the solder used in the water supply system contains less than 2/10 of 1% lead as per P2904.11 of the Residential Code of the State of New York and 605.15.3 of the Plumbing Code of the State of New York.
3. certify that I installed an anti-scald and/or thermal shock preventing device at all bathing and/or showering fixtures in conformance with Section P2903 of the Residential Code of New York State to mitigate the potential hazards due to shower valves that allowed surges of high temperature water to flow from the shower head.

\_\_\_\_\_  
Plumber or Homeowner Signature

Please Check One:

\_\_\_\_\_ I certify that I am the licensed plumber (License # \_\_\_\_\_) that installed all plumbing on the above-referenced premises.

\_\_\_\_\_ I certify that I am the homeowner and I personally installed all of the plumbing on my above referenced premises.

\_\_\_\_\_  
Plumber or Homeowner Signature

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

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

**GAS SUPPLY LINE INSTALLATION CERTIFICATION**

Date: \_\_\_\_\_  
Building Permit No. \_\_\_\_\_  
Owner: \_\_\_\_\_  
(Please Print)  
Plumber: \_\_\_\_\_  
(Please Print)

I certify that the Gas supply lines have been installed and tested in accordance with the National Fuel Code as per Section 406 of the Fuel Gas Code of New York State. Installation:  
\_\_\_\_ Residential Installation  
\_\_\_\_ Commercial Installation

Please Check Combustion Appliance Installed:  
\_\_\_\_ Heating Equipment \_\_\_\_ Hot Water Heater \_\_\_\_ Fireplace/Stove \_\_\_\_ Other: \_\_\_\_\_  
Test Pressure \_\_\_\_\_  
Test Duration: \_\_\_\_\_  
Results: \_\_\_\_\_

I certify I am the licensed plumber (License # \_\_\_\_\_) that installed all Gas supply lines on the above referenced premises.

\_\_\_\_\_  
Plumbers Signature

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
Notary Public, \_\_\_\_\_ County

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