

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. Contractor's license and proof of Workers' Compensation, Disability & Liability Insurance.
3. Two (2) 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)
4. Affidavit of Energy Compliance, 3rd party testing form (manual J & blower door)
5. A valid Certificate of Occupancy or certified abstract of single and separate ownership
6. REScheck Form
7. Propane Tank Permit Application (No fee new home)
8. 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 on Final Survey. 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)
8. 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
9. DEC approval (work within 300 feet from wetlands) or DEC letter of non-jurisdiction or DEC general permit
10. 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

Village of West Hampton Dunes

Department of Building and Zoning

4 Arthur St/PO Box 728 Westhampton Beach, NY 11978

(631) 288-6571 Fax (631) 288-5240

Robert Kalfur

Building Inspector

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**
- _____ Elevation Certificate – **Original**
- _____ Pre-engineered Affidavit
- _____ Electrical Inspection Certificate – **Original**
- _____ Solder & Anti-Scald Certificate
- _____ Gas line certification forms- **Original**
- _____ Breakaway/Design Professional letter (V zone only) - **Original**
- _____ Affidavit of Energy Compliance Form-REScheck - **Original**
- _____ Survey w/Department of Health Approval – Stamped w/Green Ink or Orange Inspection Card- **Original**
- _____ 120 MPH Glass/Shutters with placement map
- _____ 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**
- _____ Blower door test- 3 ACH or less
- _____ Duct leakage test if applicable
- _____ Propane permit- certification of completion from propane company
- _____ “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

Note: Exterior lighting must comply with chapter 560-38.1 of the Village code, requiring shielded exterior lighting.

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 |

Building Permit Application

Application is hereby made for a:

- () Building Permit
() Other _____

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

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, Disability & Liability 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

****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_____

Village of West Hampton Dunes
Department of Building and Zoning
4 Arthur St/PO Box 728 Westhampton Beach, NY 11978
(631) 288-6571 Fax (631) 288-5240

Robert Kalfur
Building Inspector

Robert Kalfur, Building Inspector

AFFIDAVIT OF ENERGY COMPLIANCE, 3RD 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 and duct leakage test if applicable

____ 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: _____

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.

I also 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