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. Specify location of gas or oil tanks, elevated above NGVD or anchored as per FEMA
   l. 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)
   m. Two corner monuments per lot required on final survey

3. Affidavit of Energy Compliance, 3rd 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 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

   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

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>Piling Certificate</td>
<td>Original</td>
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<tr>
<td>Electrical Inspection Certificate</td>
<td>Original</td>
</tr>
<tr>
<td>Plumbing and gas certification forms</td>
<td>Original</td>
</tr>
<tr>
<td>Breakaway/Design Professional letter</td>
<td>Original</td>
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<tr>
<td>Elevation Certificate</td>
<td>Original</td>
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<tr>
<td>Affidavit of Energy Compliance Form</td>
<td>Original</td>
</tr>
<tr>
<td>Survey w/Department of Health Approval</td>
<td>Original</td>
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<tr>
<td>120 MPH Glass/Shutters</td>
<td></td>
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<tr>
<td>Address Numbers</td>
<td></td>
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<tr>
<td>Stamped Sprinkler System Plans</td>
<td>Original</td>
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</tbody>
</table>

"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 two required roadside corner monuments (non-roadside any two corners)
- 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
Application is hereby made for a:

(  ) Building Permit Permit No.: ____________
(  ) Other ____________ 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 and Disability Insurance: _____ (copy)
   Description of Proposed Work:
   _____ New Building _____ Addition _____ Alteration _____ Repair
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________


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 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

Signature of Property Owner

Sworn to before me this ______ day of __________, 20______

Name of Contractor

Signature of Contractor

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______

Robert Kalfur, Building Inspector
AFFIDAVIT OF ENERGY COMPLIANCE, 3RD PARTY TESTING

STATE OF NEW YORK

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_____
Effective January 1, 2015

Truss type, pre-engineered wood or timber construction in Residential Structures

Executive Law § 382-b, as added by Chapter 353 of the Laws of 2014, provides that any person utilizing truss type, pre-engineered wood or timber construction for the erection of any new residential structure, for any addition to an existing residential structure, or for any rehabilitation of an existing residential structure must (1) notify the local government that will issue the building permit that truss type, pre-engineered wood or timber construction is being utilized and (2) affix a sign or symbol to the electric box, if any, on the exterior of the structure indicating that truss type, pre-engineered wood or timber construction has been used. A new Part 1265 to Title 19 of the New York Codes, Rules and Regulations (NYCRR) has been adopted. The new Part 1265 prescribes (1) the form to be used to notify code enforcement officials that truss type, pre-engineered wood or timber construction is to be used in a residential structure; (2) the sign or symbol to be affixed to the exterior of a residential structure that has been constructed, added to or rehabilitated using truss type, pre-engineered wood or timber construction.

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION

To: ____________________________________________

[NAME OF AUTHORITY HAVING JURISDICTION]

Owner: _________________________________________

[INSERT NAME OF OWNER OF THE SUBJECT PROPERTY]

Subject Property: _________________________________________

[INSERT STREET NAME ADDRESS AND TAX MAP NUMBER, IF ANY, OF THE SUBJECT PROPERTY]

Please take notice that the (Check Applicable Line):

_______ New Residential Structure ________ Addition to Existing Residential Structure

_______ Rehabilitation to Existing Residential Structure

To be constructed or performed at the subject property referenced above will utilize (check each applicable line):

_______ Truss Type Construction (TT)

_______ Pre-Engineered Wood Construction (PW)

_______ Timber Construction (TC)

In the following location(s) (check applicable line):

_______ Floor framing, including girders and beams (F)

_______ Roof framing (R)

_______ Floor framing and roof framing (FR)

Signature: ________________________________ Date: ________________________________

Capacity: ______________________________________________________________________

[OWNER, OWNER’S REPRESENTATIVE, AGENT]
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