

DIRECTIONS FOR FILLING OUT BUILDING PERMITS

ELEVATION

Papers needed to file are:

- Photocopy of current Nassau County contractor's license,
- Workers' Compensation, General Liability & Disability Insurances,
- Building Permit Application
- Nassau County Assessors Sheet
- 2 copies of the current property survey
- 2 copies of plans and drawings
- Environmental Review Form (white)
- Water letter (if applicable; i.e., pools, new plumbing)
- 1 copy of Electrical Dept. letter **
- 2 copies of N.Y.S. Energy calculations

Application fee is based on
cost of construction:

(POSTED IN BUILDING DEPT.)

**DOUBLE FEE WILL BE ASSESSED
IF WORK HAS STARTED**

NOTE: All additions, alterations and new construction must meet Village Ordinance requirements.

*** Applications will be accepted from 8:30 A.M. to 4:00 P.M. Daily. They must be submitted in person. No mail applications will be accepted. No work may commence until contractor's information or homeowner's insurance is provided.**

The Building Permit Application fee must be submitted at time of filing.

Plan requirements vary, but generally all construction work requires black or blue on white SCALE drawings, including floor plans, framing details and elevations. Further details may be required depending on job complexity.

IF DRAWINGS SUBMITTED WERE DONE ON A COMPUTER, AN ELECTRONIC COPY (DISC OR CD) MUST ALSO BE EMAILED TO: buildingdept@freeportny.gov

1. **PRINT OR TYPE** all information required.
2. **COMPLETE ALL** areas required for the work you will be performing.
3. **ALL** Sections I through IV are required for all applications.

SECTION I

Zoning District will be filled in by this office. Section, Block & Lot may be obtained from a Deed or Tax Bill, but must be verified and stamped by the Village Assessor's Office. Lot size is obtained from the property survey and lot area is computed from that.

SECTION II

Parts A & B: Check off the box/boxes that apply to your new and/or existing buildings.
Part C: List the total cost. Total includes: a & d, which must be listed separately, where applicable.

SECTION III

1. If the work to be done is contracted by a lessee (tenant), written permission must be submitted from the property owner.
2. The contractor's name and full address must be supplied.
3. All work that is deemed structural will require to be designed, drawn and stamped by a New York State licensed architect or engineer.

SECTION IV

Complete affidavit portion and have the signature notarized. Copy of workmen's compensation sheet naming Village of Freeport as a named insured. Also a copy of license from Nassau County Dept. of Consumers Affairs. No work may commence until copies of contractor's information or homeowner's insurance is provided.

SECTION V

This information is required to insure flood protection and show that the minimum area requirements are met.

1. Elevations are listed on the property survey.
 2. The contractor's name and full address must be supplied.
 3. Percentage of lot coverage is computed from building area and lot square footage.
- * A drawing is required showing the present buildings, accessory structures, etc., and the location of new work in relation to same. You may copy your property survey and locate new work on that. Provide two (2) additional copies if you choose this method.

** For new projects only – not required for small extensions.

POOLS – Submit:

- a) Complete Building Permit Application.
- b) Two (2) copies of property survey, locate on survey where fence & pool is going/or is.
- c) Water availability letter.

FENCES –

- a) Complete Building Permit Application.
- b) Two (2) copies of property survey, locate on survey where fence is going/or is.
- c) List height of fence, type of fence, how many feet of fence is being installed, and if it is a new fence or a replacement.

ALL APPLICATIONS MAY BE SUBJECT TO SITE PLAN REVIEW AND/OR ZONING BOARD APPROVAL. IF SUBJECT TO ANY OF THE ABOVE, IT MAY EXTEND THE TIME FRAME THAT THE BUILDING DEPARTMENT CAN ISSUE YOU YOUR PERMIT.

FOR ANY ADDITIONAL INFORMATION, CONTACT THE BUILDING DEPARTMENT @ 377-2241.

DEPARTMENT OF BUILDINGS

OF THE VILLAGE OF FREEPORT, N.Y.

APPLICATION NO. _____

Filing Date _____

Application for Erection of Buildings or Alterations

IMPORTANT -- Applicant to complete all items in sections: I, II, III, IV, V

I. LOCATION OF BUILDING	AT (LOCATION) _____ (No.) _____ (Street) _____	ZONING DISTRICT _____
	BETWEEN _____ (Cross Street) _____ AND _____ (Cross Street) _____	APPROX. LOT SIZE _____ X _____
	SECTION _____ BLOCK _____ LOT _____	LOT AREA _____

II. TYPE AND COST OF BUILDING -- All applicants complete Parts A - D.

A. TYPE OF IMPROVEMENT	B. PROPOSED OR EXISTING USE														
1 New building 2 Addition-Alteration (If residential, enter number of new housing units added. If non-state none _____) 3 Swimming Pool 4 Repair (replacement) 5 Bulkhead (New, Repair) 6 Fence 7 Moving (relocation)	<table border="1"> <tr> <th>RESIDENTIAL</th> <th>NON RESIDENTIAL - Complete Part "E"</th> </tr> <tr> <td>1 One Family</td> <td>17 Industrial</td> </tr> <tr> <td>12 Two families</td> <td>18 Office, bank, professional</td> </tr> <tr> <td>13 Apartment - Enter No. of Units _____</td> <td>19 Stores, mercantile</td> </tr> <tr> <td>14 Transient hotel, motel, or dormitory - Enter No. of Units _____</td> <td>20 Church, other religious</td> </tr> <tr> <td>15 Garage or Accessory Structure</td> <td>21 Hospital, institutional</td> </tr> <tr> <td>16 Other - Specify _____</td> <td>22 Other - Specify _____</td> </tr> </table>	RESIDENTIAL	NON RESIDENTIAL - Complete Part "E"	1 One Family	17 Industrial	12 Two families	18 Office, bank, professional	13 Apartment - Enter No. of Units _____	19 Stores, mercantile	14 Transient hotel, motel, or dormitory - Enter No. of Units _____	20 Church, other religious	15 Garage or Accessory Structure	21 Hospital, institutional	16 Other - Specify _____	22 Other - Specify _____
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15 Garage or Accessory Structure	21 Hospital, institutional														
16 Other - Specify _____	22 Other - Specify _____														

C. COST

10 TOTAL COST OF IMPROVEMENT \$ _____

D. DESCRIPTION OF PROJECT

III. IDENTIFICATION -- To be completed by all applicants

NAME	MAILING ADDRESS -- Number, street, city and state, zip	TEL. NO.
1. Owner or Lessee	_____	_____
2. Contractor	_____	_____
3. Architect or Engineer	_____	_____

IV. OWNER - CONTRACTOR STATEMENT

Building permit is issued subject to the provisions of Section 57 of the Workmen's Compensation Law.

Workmen's Compensation Certificate No. _____ Company _____ Exp. Date _____

Contractor or Owner _____ (Print)

Address _____

Phone _____

State of New York _____

County of Nassau _____

_____ (Print) being duly sworn, says that _____ (He or She) is the contractor or owner of the above mentioned building. That the items of the above application also the estimated cost of said building or alteration, is correct to the best of _____ (His or Her) knowledge and belief and agrees to conform to all applicable laws of this jurisdiction.

Sworn to before me this _____ day of _____, 20____

Notary Public, _____ County, N.Y. _____ (Applicant Signature)

V. FLOOD ZONE

IS PROJECT LOCATED WITHIN A DESIGNATED FLOOD HAZARD ZONE?
 YES _____ NO _____
 IF YES, WHICH ZONE? _____

IS PROJECT TO REPAIR FLOOD DAMAGE?
 YES _____ NO _____

PROJECT DESCRIPTION

Total/First Floor Square Feet

Upper First Square Feet

of Fixtures

of Floors

Occup. Type

VI. VALIDATION (Official Use Only)

Building Permit Number _____	Approved by: _____ Superintendent of Buildings
Building Permit Issued _____	
Building Permit Fee \$ _____	

DEPARTMENT OF BUILDINGS

OF THE VILLAGE OF FREEPORT, N.Y.

APPLICATION NO. _____

Filing Date _____

Application for Erection of Buildings or Alterations

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, V

I. LOCATION OF BUILDING	AT (LOCATION) _____ (No.) _____ (Street) _____	ZONING DISTRICT _____
	BETWEEN _____ (Cross Street) _____ AND _____ (Cross Street) _____	APPROX. LOT SIZE _____ X _____ (Cross Street) _____
	SECTION _____ BLOCK _____ LOT _____	LOT AREA _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A . D.															
A. TYPE OF IMPROVEMENT 1 New building 2 Addition-Alteration (If residential, enter number of new housing units added. If none-state none _____) 3 Swimming Pool 4 Repair (replacement) 5 Bulkhead (New, Repair) 6 Fence 7 Moving (redaction)	B. PROPOSED OR EXISTING USE <table style="width: 100%;"> <tr> <td style="width: 50%;">RESIDENTIAL</td> <td style="width: 50%;">NON RESIDENTIAL - Complete Part "E"</td> </tr> <tr> <td>11 One Family</td> <td>17 Industrial</td> </tr> <tr> <td>12 Two families</td> <td>18 Office, bank, professional</td> </tr> <tr> <td>13 Apartment - Enter No. of Units _____</td> <td>19 Store, mercantile</td> </tr> <tr> <td>14 Transient hotel, motel, or dormitory - Enter No. of Units _____</td> <td>20 Church, other religious</td> </tr> <tr> <td>15 Garage or Accessory Structure</td> <td>21 Hospital, institutional</td> </tr> <tr> <td>16 Other - Specify _____</td> <td>22 Other - Specify _____</td> </tr> </table>	RESIDENTIAL	NON RESIDENTIAL - Complete Part "E"	11 One Family	17 Industrial	12 Two families	18 Office, bank, professional	13 Apartment - Enter No. of Units _____	19 Store, mercantile	14 Transient hotel, motel, or dormitory - Enter No. of Units _____	20 Church, other religious	15 Garage or Accessory Structure	21 Hospital, institutional	16 Other - Specify _____	22 Other - Specify _____
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C. COST	D. DESCRIPTION OF PROJECT
10 TOTAL COST OF IMPROVEMENT \$ _____	_____

III. IDENTIFICATION - To be completed by all applicants		
NAME _____	MAILING ADDRESS - Number, street, city and state, Zip _____	TEL. NO. _____
1. Owner or Lessee _____	_____	_____
2. Contractor _____	_____	_____
3. Architect or Engineer _____	_____	_____

IV. OWNER - CONTRACTOR STATEMENT	V. FLOOD ZONE
Building permit is issued subject to the provisions of Section 57 of the Workmen's Compensation Law. Workmen's Compensation Certificate No. _____ Company _____ Exp. Date _____ Contractor or Owner _____ (Print) Address _____ Phone _____ State of New York _____ being duly sworn, says that _____ is the contractor or owner of the above mentioned building. That the items of the above application also the estimated cost of said building or alteration, is correct to the best of _____ (Print) knowledge and belief and agrees to conform to all applicable laws of this jurisdiction. Sworn to before me this _____ day of _____, 20____ Notary Public, _____ County, N.Y. _____ (Applicant Signature)	IS PROJECT LOCATED WITHIN A DESIGNATED FLOOD HAZARD ZONE? YES _____ NO _____ IF YES, WHICH ZONE? _____ IS PROJECT TO REPAIR FLOOD DAMAGE? YES _____ NO _____ PROJECT DESCRIPTION Total/First Flr _____ Square Feet _____ Upper Flrs _____ Square Feet _____ # of Fixtures _____ # of FLOORS _____ Occup. Type _____

VI. VALIDATION (Official Use Only)	
Building Permit Number _____ Building Permit Issued _____ Building Permit Fee \$ _____	Approved by: _____ Superintendent of Buildings

DEPARTMENT OF BUILDINGS

OF THE VILLAGE OF FREEPORT, N.Y.

APPLICATION NO. _____

Filing Date _____

Application for Erection of Buildings or Alterations

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, V

I. LOCATION OF BUILDING

AT (LOCATION) _____ (No.) _____ (Street) _____ ZONING DISTRICT _____

BETWEEN _____ (Cross Street) _____ AND _____ (Cross Street) _____

SECTION _____ BLOCK _____ LOT _____ APPROX. LOT SIZE _____ X _____ LOT AREA _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D.

A. TYPE OF IMPROVEMENT	B. PROPOSED OR EXISTING USE
1 New building	RESIDENTIAL
2 Addition-Alteration (if residential, enter number of new housing units added. If non-reside none _____)	11 One Family
3 Swimming Pool	12 Two families
4 Repair (replacement)	13 Apartment - Enter No. of Units _____
5 Bulkhead (New, Repair)	14 Transient hotel, motel, or dormitory - Enter No. of Units _____
6 Fence	15 Garage or Accessory Structure
7 Moving (relocation)	16 Other - Specify _____
	NON RESIDENTIAL - Complete Part "E"
	17 Industrial
	18 Office, bank, professional
	19 Store, mercantile
	20 Church, other religious
	21 Hospital, institutional
	22 Other - Specify _____

C. COST

10 TOTAL COST OF IMPROVEMENT \$ _____

D. DESCRIPTION OF PROJECT

III. IDENTIFICATION - To be completed by all applicants

NAME	MAILING ADDRESS - Number, street, city and state, zip	TEL. NO.
1. Owner or Lessee	_____	_____
2. Contractor	_____	_____
3. Architect or Engineer	_____	_____

IV. OWNER - CONTRACTOR STATEMENT

Building permit is issued subject to the provisions of Section 67 of the Workmen's Compensation Law.

Workmen's Compensation Certificate No. _____ Company _____ Exp. Date _____

Contractor or Owner _____ (Print)

Address _____

Phone _____

State of New York _____ being duly sworn, says that _____ (He or She) is the contractor or County of Nassau _____ owner of the above mentioned building. That the items of the above application also the estimated cost of said building or alteration, is correct to the best of _____ (His or Her) knowledge and belief and agrees to conform to all applicable laws of this jurisdiction.

Sworn to before me this _____ day of _____, 20____

Notary Public, _____ (Applicant Signature) County, N.Y.

V. FLOOD ZONE

IS PROJECT LOCATED WITHIN A DESIGNATED FLOOD HAZARD ZONE?
 YES _____ NO _____
 IF YES, WHICH ZONE? _____

IS PROJECT TO REPAIR FLOOD DAMAGE?
 YES _____ NO _____

PROJECT DESCRIPTION

Total/First Flr Square Feet

Upper Flrs Square Feet

of Fixtures

of Floors

Occup. Type

VI. VALIDATION (Official Use Only)

Building Permit Number _____

Building Permit Issued _____

Building Permit Fee \$ _____

Approved by: _____

Superintendent of Buildings

Incorporated Village of Freeport FLOODPLAIN DEVELOPMENT PERMIT

Date: _____

Application Number: _____

Property S/B/L: _____

Permit Number: _____

Address of Property: _____ Freeport, NY 11520

Type of Development: (Check all that apply):

- Excavation Fill Grading Residential Addition Residential Alteration Pool Bulkhead Deck
Utility Install or Replacement Sewer Road Construction Commercial Addition Commercial Alteration
Shed / Storage Facility (Must be Anchored) Roof Fence Oil Tank (Must be Anchored) Driveway
Other (Specify): _____

OFFICE USE ONLY:

FIRM Data: Flood Zone: AE VE Map Panel #0238G 0239G Map Panel Date: 09-11-2009
Base Flood Elevation (NAVD) = 8 9 10 11

Development Standards Data:

- 1- Required elevation of utilities to be installed including but not limited to, air conditioning, electrical equipment, hot water heaters, boilers = Base Flood Elevation (BFE) + 4feet of Freeboard = _____ (NAVD) or Not Applicable
- 2- Will garage be used for any purpose besides parking of vehicles, storage, or building access? Yes or No
(If "Yes", then the garage must be used in determining the lowest floor elevation)
- 3- If an elevation project, what is the proposed method for elevating the structure?
Fill and Foundation No Fill and Foundation Piling Extend Existing Foundation Not Applicable
New Foundation must have required Flood Vent openings installed and quantity of vents must be provided at time of application on submitted Architectural Drawings. Engineered flood vents must be certified by a Licensed Design Professional and noted on final Elevation Certificate.
Total square footage of first floor = _____ Sq ft
Total Area of Perimeter Flood Vent openings = _____ Sq In.
(Non - Engineered = 1" per square foot or the use of Engineered vents)
The bottom of the openings shall not be greater than one foot above either interior or exterior grade at the perimeter of the foundation wall.
- 4- Commercial floodproofing requires submission of Certified Floodproofing Certificate. (Not permitted in V Zones)
- 5- AE Zone - Lowest Floor to be at or above Base Flood Elevation (BFE) +4 feet : Measurement = _____ (NAVD)
- 6- V-Zone - Measurement of lowest supporting horizontal member must be at or above Base Flood Elevation (BFE) +4 feet : Measurement = _____ (NAVD)
- 7- Regulatory Flood Elevation at development site = Base Flood Elevation (BFE) + 4 feet of Freeboard (NAVD)

Applicant acknowledgment: I the undersigned understand that the issuance of a floodplain development permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I also understand that prior to occupancy of the structure being permitted, an elevation and/or floodproofing certificate signed by a professional engineer or registered land surveyor must be on file with the Village of Freeport Building Department indicating the "as built" elevations in relation to the North American Vertical Datum of 1988 (NAVD)

Print Name of Applicant: _____ Signature of Applicant: _____

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
Address:		E-Mail:		
City/PO:		State:		
		Zip Code:		
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
3. a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland				

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?			
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		NO	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing potable water: _____	NO	YES	
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	NO	YES	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
16. Is the project site located in the 100 year flood plain?	NO	YES	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: _____

Date: _____

Signature: _____

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: <ul style="list-style-type: none"> a. public / private water supplies? b. public / private wastewater treatment utilities? 		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

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.

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) _____

nationalgrid

Request for Gas Service Line Disconnect Form

For questions, please call: (516) 545-4973 or email: ngridlrudprocessing@nationalgrid.com

Purpose:

Please complete this application to have National Grid perform one or more of the following actions:

1. Request National Grid to physically disconnect the gas service line at the property line in conjunction with building tear-downs.
2. Request a letter from National Grid indicating that the gas service line has been disconnected.
3. Request a letter from National Grid indicating that a gas service line is not involved within the premises.
4. Request National Grid to temporarily disconnect the gas service line. Customer requires gas service line to be reactivated at a later time.

Instructions for Processing Gas Service Line Disconnect Requests:

1. A separate application for a gas service line disconnect must be submitted for each building to be demolished. If you have intentions of using gas in the future, there is a **\$700.00** fee to disconnect the gas service line. Applicants may either mail or email the completed application. A separate invoice will be mailed to the **OWNER** for the disconnect fee. Payment must be made in advance prior to work being performed.
2. Application must be made by the owner or lessee, or agent of either, or by the architect, engineer, builder, excavation or Demolition Company employed in connection with the proposed work. Where such application is made by a person other than the owner, it must be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application.
3. Requests must be received 15 to 30 business days prior to the schedule demolition date.
4. For locations with existing inside gas meters, an appointment will be made to ensure removal of the existing gas meters after disconnecting the gas service line.

A. Owner Information: (print)

Are you the owner of the Property? Yes No

Date Disconnect Needed by: _____

Name _____
(First) (MI) (Last)

Mailing Address _____ City _____ State _____ Zip _____

Phone Number : _____ Cell Phone _____

Email address: _____

- 1) Are there plans in the immediate future that this property will be rebuilt and natural gas will be needed at this location? Yes No N/A
- 2) Will you require a letter from National Grid indicating that the gas service line to the building has been disconnected or a letter from National Grid indicating that the building does not have a gas service line? Yes No
- 3) To the best of your knowledge, is there an active gas service line at this location? Yes No Unknown

B. Address of Structure to be Demolished: (print)

Address: _____ Account No: _____ (If Known)

City: _____ Gas Meter No: _____ (If Known)

State: _____ Zip Code: _____

General Contractor Name _____ Office Phone: _____ Cell Phone: _____

General Contractor Email address: _____

C. Job Site Information:

- 1) Are you planning construction activities such as house renovations, building additions or building demolition of home that will require the gas service line to be physically disconnected at the property line? Yes No N/A
- 2) How many gas meters exist at the location? _____ Meter(s)
- 3) Are the gas meters located inside the building or in a location not readily accessible? Yes No N/A

If the customer requests National Grid to re activate the gas service line in the future, a fee starting at \$57.28 per foot of new service line will be charged. **Important**

Customer's Name (Print) _____ Signature: _____ Date _____
Please sign and mail form to: National Grid, Customer Fulfillment Department, 1650 Islip Ave, Brentwood, NY 11717 or email: ngridlrudprocessing@nationalgrid.com



INC. VILLAGE OF FREEPORT

Department of Buildings

46 NORTH OCEAN AVENUE
FREEPORT, NEW YORK 11520
(516) 377-2242

FAX (516) 377-2493

ROBERT T. KENNEDY
MAYOR

E-MAIL BUILDINGDEPT@FREEPORT.NY.GOV

JOSEPH MADIGAN
SUPERINTENDENT
OF BUILDINGS

NON-CONVERSION AGREEMENT FOR ENCLOSURES BELOW THE LOWEST FLOOR OF AN ELEVATED STRUCTURE

This DECLARATION made this _____ day of _____, 20____. by:

Owner: _____

Address: _____

S/B/L: _____

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at:

_____ in the Village of Freeport,
County of Nassau, designated in the tax records as _____.

WHEREAS, the Owner has applied for a permit to construct or elevate a structure on that property that has an enclosed area below the base flood elevation constructed in accordance with the requirements of Chapter 87 of the Floodplain Management Ordinance of the Village of Freeport and under Permit Number _____.

WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects the rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

The structure or part thereof to which these conditions apply is:

1. At this site, the Base Flood Elevation is _____ feet above mean sea level, NAVD (North American Vertical Datum).
2. Enclosed areas below the Lowest Floor shall be used solely for parking of vehicles, limited storage, or access to the building – and, cannot be converted or used for habitable space.

3. All interior walls, ceilings and floors below the Lowest Floor shall be constructed of flood resistant materials.
4. New and replacement electrical equipment, heating, ventilating, air conditioning, plumbing connections and other service equipment shall be located at or above the base flood elevation or be designed to prevent water from entering and accumulating within the components during a flood and to resist hydrostatic and hydrodynamic loads and stresses. Electrical wiring and outlets, switches, junction boxes and panels shall be elevated to a minimum of four feet above the base flood elevation or two feet above the New York State freeboard requirement, whichever is greater.
5. The walls of the enclosed areas below the Lowest Floor shall be equipped and remain equipped with permanent flow-thru openings as shown on the Permit.
6. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
7. A duly appointed representative of the Village of Freeport is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration.

Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.

Other conditions:

Owner's Signature

Sworn to before me on this _____ day of _____, 20__

Notary Public

**DEPARTMENT OF BUILDINGS
OF THE VILLAGE OF FREEPORT, N.Y.**

APPLICATION NO. _____
FILING DATE _____

The fee paid herein shall be non-refundable and shall be adjusted to reflect the actual cost of construction prior to the issuance of any Certificate of Occupancy or Certificate of Completion.

Notice: It is the policy of the Building Department to cancel and destroy any Building Permit Application that is not perfected, abandoned or remain inactive for ninety (90) days.

Applicant Signature

Elevation Certificates

A Final Elevation Certificate is required upon completion of all elevation projects and for all new construction for all structures located in the Special Flood Hazard Area.

- **EVERY SECTION** of the Final Elevation Certificate **MUST BE COMPLETED IN ITS ENTIRETY.**
- If an Elevation Certificate is not complete, it will be rejected by FEMA and also possibly by your flood insurance provider. Additionally, we cannot issue a Letter of Completion or a Certificate of Occupancy until the Final Elevation Certificate is complete.
- We have found that in many occasions, the following sections are not completed and are cause for rejection.

Section A9: For a Building with an Attached Garage: Minimum of 2 flood vents must be installed and they must be installed on opposite sides (generally one on the foundation wall and 1 in the garage door)

Section C1 must have the “Finished Construction” check box selected

Section C2c, C2d, and C2h are typically overlooked.

- C2c: If the structure is not in the V(Velocity) Zone, Line C2c must state N/A
- C2d: If there is no attached garage, C2d must state N/A
- C2h: Must have a measurement entered

Section D – Comments:

Comments **MUST** include the type and location of the machinery and a description of the model of the flood vents with total area of coverage.

An ICC Certification of the vents should also be provided in addition to the Final Elevation Certificate.

IF YOUR ENGINEER OR SURVEYOR HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THE CERTIFICATE, PLEASE HAVE THEM CONTACT OUR OFFICE AT 516-377-2241 OR 516-377-2242

Elevation Requirements

- **Two sets of signed and sealed architectural drawings (All Datum Must be NAVD88)**
- **Property survey**
- **Signed Non-Conversion agreement**
- **Signed Floodplain Development Permit Form**
- **Contractor must provide Nassau County License, Workers Compensation, Liability, and Disability Insurance**
- **The Lift Company must provide Nassau County License, Workers Compensation, Liability, Disability, and Cargo Insurance (Sometimes Called Riggers Insurance)**
- **Fire Sprinkler System Drawings (If required) as per NYS Technical Bulletin - Must be filed Under Separate Permit**
- **Letter from Freeport Electric for Disconnect and Reconnect of the electric Utility**
- **Electric Permit from Electrician licensed in Freeport for any electrical work being performed**
- **Plumbing Permit from a plumber licensed in Freeport for the disconnect and reconnect of the utility and for any other plumbing work being performed. Freeport Water Department must then be contacted to inspect and generate a letter to be issued to the Freeport Building Department.**
- **Notice from National Grid that Gas has been shut off. If no gas available, we will require notice from National Grid indicating that there is no gas at the premises**
- **Pile log report if piles are part of the project**
- **Foundation location survey to certify that structure will meet required elevation height (Base Flood Elevation + 4' of Freeboard) This must be provided prior to resetting the structure on its new foundation (All Datum Must be NAVD88)**
- **Final survey**
- **Finished construction Elevation Certificate**

DOCUMENTATION REQUIRED FOR MODULAR HOMES

- 1- Modular Insignia of Approval
- 2- Electrical Test Report
- 3- Plumbing Test Report
- 4- Flood Vent ICC Evaluation Report
- 5- Smart Vent Specs
- 6- Truck Tickets for Concrete
- 7- Foundation Location Survey
- 8- Pile Log Report
- 9- Electrical Permit
- 10- Electrical Underwriters Certificate
- 11- Plumbing Permit
- 12- Final Survey
- 13- Affidavit for Install and Finish Work for Modular
- 14- Final Construction Elevation Certificate

Note: There may be some additional items. This should be discussed with the inspector assigned to the permit.



DAVID A. PATERSON
GOVERNOR

WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12241
(518) 408-0469



ZACHARY S. WESS
CHAIR

October 27, 2008.

Dear Government Official:

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts have appropriate workers' compensation and disability benefits insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

An instruction manual that will further clarify the requirements, including instructions for a new CE-200 exemption form that becomes effective on Dec. 1, 2008, is available to download at the Workers' Compensation Board's website, www.web.state.ny.us. Once you are on the website, click on *Employers/Businesses*, then *Business Permits/Licenses/Contracts* from there, click on *Instruction Manual for Businesses Obtaining Permits/Licenses/Contracts*.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them. I encourage you to obtain one for your records.

Also included in the instruction manual is a copy of General Municipal Law Section 125 that requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

Ensuring that businesses receiving permits, licenses or contracts from municipal and state agencies comply with the WCL protects both injured workers and employers. In addition, such oversight helps to level the playing field, by strictly enforcing the requirement that all businesses maintain mandatory insurance coverage. Municipal and state agency cooperation is a critical component of encouraging business compliance.

Please note that ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

Form WC/DB-100 Will Be Retired

Form WC/DB-100, currently used to demonstrate exemption from workers' compensation and/or disability benefits insurance, will be retired on Dec. 1, 2008. Accordingly, a WC/DB-100 stamped prior to Dec. 1, 2008 cannot be used as proof of exemption for new or renewed permits, licenses or contracts issued by government agencies after that date. Instead, Form CE-200, which replaces Form WC/DB-100, must be used for applicants seeking exemptions starting on Dec. 1, 2008.

New Form CE-200

Form CE-200 reflects a new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were valid for multiple permits, licenses or contracts where the applicant applied, had to be notarized, and had to be stamped by the New York State Workers' Compensation Board.

The Prove It to Move It Program

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts carry workers' compensation and disability benefits insurance. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

Verification of insurance is necessary to ensure benefits are available, should workers get injured. It also levels the playing field for honest businesses, because they are less likely to be undercut by unscrupulous employers who gain a cost advantage by not carrying insurance. Enforcing these provisions of the law contribute to the betterment of New York's economic climate. Municipal and state agency cooperation is a critical component of encouraging business compliance.

This instruction manual, *Prove It to Move It*, will further clarify the requirements. Under the Prove It to Move It program, applicants must prove compliance with NYS workers' compensation and disability benefits requirements to move their government permit, license or contract along the approval process. This program reflects requirements under Workers' Compensation Law §57 and §220(8), and General Municipal Law §125. The *Prove It to Move It* instruction manual formally names the program that has been in place, by statute, since 1922. Nothing has changed in enforcing this program since the last instruction manual was issued in December, 2008. However, based on requests from government agencies, this manual reflects more comprehensive instructions on the program's requirements.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them.

Also included in the instruction manual is a copy of General Municipal Law Section 125, which requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

Form CE-200 – Affidavit of Exemption

Form CE-200 reflects the process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements.

Applicants eligible for exemptions must file a new CE-200 for each and every new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that Form CE-200 is signed and dated by the applicant and that your specific governmental agency is listed. CE-200 forms are ONLY valid for the government agency listed on Form CE-200.

The reason that a business is exempt from workers' compensation and/or disability benefits will be clearly stated on Form CE-200. Based on their knowledge of the applicant's business, government agencies must verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200, and notify the Board's investigative staff if there are discrepancies. Phone numbers for Board investigative staff are located on page 11 of the instruction manual.

Prove It to Move It

Each CE-200 will have a certificate number printed on it. You can verify if the CE-200 provided to you by the applicant was actually issued by the Workers' Compensation Board's computer system by checking on the Board's website at the following URL:
http://www.wcb.ny.gov/content/eoiz/wc_db_exemptions/verifyCE200Overview.jsp.

The majority of CE-200 forms will be processed electronically. Applicants will be able to fill out the CE-200 on-line and upon completion, immediately print out a copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board Offices across the state. Computers without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office, or by calling 866-298-7830. Applicants are strongly encouraged to use the Board's electronic web program. They can receive their Form CE-200 immediately, whereas manual paper filing may take up to four weeks to process.

Please see pages 11-14 for more information on Form CE-200.

Other Important Highlights of the Prove It to Move It Program

An instruction sheet on page 6 of the instruction manual may be copied by municipal and state agencies as an insert in their application packages for government issued permits, licenses or contracts. This sheet describes all the required forms of this program and where applicants may obtain these forms.

Please note that ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

This manual identifies the specific forms that government agencies can accept to enforce these sections of the Workers' Compensation Law and where applicants may obtain those forms. No other forms are acceptable as proof of compliance with New York State workers' compensation or disability benefits.

Please ensure that the legal entity name and the Federal Employer Identification Number (FEIN) on certificates of insurance, self-insurance, or attestation for exemption exactly matches the legal entity name and FEIN of the applicant applying for the permit, license or contract that you are issuing.

Form BP-1, found on page 30, is the only form that municipal and state agencies may now reproduce themselves and distribute as part of this process.

Please notify the permit-issuing, license-issuing and contract-making agencies or departments within your jurisdiction of these requirements so that they may comply with the Workers' Compensation Law. If you have any questions or require additional information, please call the Board at (518) 486-6307.

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

- To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:
- be legally exempt from obtaining workers' compensation insurance coverage; or
 - obtain such coverage from insurance carriers; or
 - be a Board-approved self-insured employer; or
 - participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST** provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

- Form CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, www.web.ny.gov. Click on the button entitled "WCL/DB Exemptions Form CE-200" (in bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to a government agency from which he/she is getting the permit, license or contract; or

- Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). Please Note: The State Insurance Fund provides its own version of this form, the U-26.3; or

- Form SI-12, *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or GSI-105.2, *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- be legally exempt from obtaining disability benefits insurance coverage; or
- obtain such coverage from insurance carriers; or
- be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts must provide one of the following forms to the entity issuing the permit or entering into a contract:

- CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

- DB-120.1, *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or
- DB-155, *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that for building permits only, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.web.ny.gov/content/main/forms/bp-1.pdf>)

PLEASE BE ADVISED THAT A LETTER OF COMPLETION FEE WILL BE INCLUDED IN ALL BUILDING PERMIT APPLICATIONS, EXCLUDING FENCES AND ROOFS. THIS CERTIFICATE WILL SERVE THE APPLICANTS FOR THE PURPOSES OF REFINANCING OR THE SALE OF YOUR PROPERTY. IT WILL BE SENT TO THE PERSON THAT IS PAYING FOR THE APPLICATION AT THE COMPLETION OF SAID PROJECT.

THIS CERTIFICATE SHOULD BE KEPT IN A SAFE PLACE AND CAN BE GIVEN TO YOUR TITLE COMPANY OR REFINANCING INSTITUTION WHEN SUCH TIME ARISES.