

**PERMITS FOR:**

1. Bulkheads
2. Floats
3. Finger Slips
4. Filings
5. Other misc. marine structures

**NOTE: You are to contact appropriate Town, State and/or Federal government officials to ensure that the subject work is performed in compliance with their requirements. Failure to do so may subject you to enforcement action under Town, State and/or Federal Law.**

1. Department of Conservation and Waterways – Box 180  
Lido Blvd.  
Point Lookout, NY 11569  
(516) 431-9200  
Fax: (516) 431-0088
  
2. U.S. Army Corps of Engineers  
26 Federal Plaza  
Permit Division  
New York, NY 102278  
(917) 790-8511  
Fax: (212) 264-4260
  
3. N.Y.S. Dept. of Environmental Conservation  
Building #40, SUNY Campus  
Permit Division  
Stony Brook, NY 11790  
(631) 444-0365  
Fax: (631) 444-0360



# 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) + 4 feet 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  Pilings  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: \_\_\_\_\_



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: \_\_\_\_\_

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

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

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) \_\_\_\_\_ N.E.S.W. SIDE OF \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

CITY, TOWN, VILLAGE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

Check one  
 OWNER OR  
 LESSEE  
 NAME OF BUSINESS: \_\_\_\_\_  
 CONTACT PERSON/OWNER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_

WORK MUST BEGIN BY: \_\_\_\_\_

PERMIT EXP DATE: \_\_\_\_\_

LOT SIZE S.F.: \_\_\_\_\_

# BLDGS ON LOT: \_\_\_\_\_

PRINCIPLE TYPE OF CONSTRUCTION  
 STEEL  
 MASONRY  
 FRAME

PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**IF YOU WISH TO GROUP OR APPORTION LOTS  
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

\*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY		DOES RESIDENCE HAVE THE FOLLOWING	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE	CENTRAL AIR	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	FINISHED ATTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	<b>BASEMENT FINISH</b>	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	1/4	<input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION		
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT		
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL		
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHANGE IN USE		

**PROPOSED TOTAL PLUMBING FIXTURES**

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

**NUMBER OF EXISTING AND PROPOSED BATHS**

NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED YES  NO

VARIANCE OBTAINED YES  NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES  NO

SURVEY ENCLOSED YES  NO

**PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE**

DATE OF GRANTING OF PERMIT \_\_\_\_\_

Signature of Applicant/Contact Person - Sign & Print

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

Address of Applicant/Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

FIELD REPORT ON REVERSE



**BUILDING PERMIT  
COMMERCIAL OR MIXED USE PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: \_\_\_\_\_

DATE REC'D (Assessor Use Only)

Township

SECTION	BLOCK	LOT (S)	SCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) \_\_\_\_\_ N.E.S.W. SIDE OF \_\_\_\_\_  
 ADDRESS OF PROPERTY \_\_\_\_\_

CITY, TOWN, VILLAGE \_\_\_\_\_ ZIP \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

DATE TO BEGIN \_\_\_\_\_ DATE TO COMPLETE \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_ BLDGS ON LOT \_\_\_\_\_

**Check one**

OWNER OR  LESSEE

NAME OF BUSINESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

If you wish to group or apportion lots, please call  
516-571-1500 for more information.

School District

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK ALL THAT APPLY	USE BY SIZE AND FLOOR				
		EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF	
<input type="checkbox"/> NEW BUILDING	BSMT	_____	_____	_____	_____
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	1ST	_____	_____	_____	_____
<input type="checkbox"/> DEMOLITION	1ST addnl use	_____	_____	_____	_____
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	2ND	_____	_____	_____	_____
<input type="checkbox"/> OTHER (Describe) _____	UPPER FLOORS	_____	_____	_____	_____
<input type="checkbox"/> FAÇADE	TOTAL # FLOORS	_____	_____	_____	_____
<input type="checkbox"/> BASEMENT RENOVATION/ALTERATION	List additional use in comments section				
<input type="checkbox"/> HVAC	<b>Residential Use</b>				
<input type="checkbox"/> ROOF	CO-OP	<input type="checkbox"/>			
<input type="checkbox"/> PLUMBING	CONDO	<input type="checkbox"/>			
	RENTAL	<input type="checkbox"/>			
		Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
<input type="checkbox"/> ELEVATORS	Studio	_____	_____	_____	_____
<input type="checkbox"/> SPRINKLERS	1BDRM	_____	_____	_____	_____
<input type="checkbox"/> SOLAR	2BDRM	_____	_____	_____	_____
<input type="checkbox"/> ANTENNA	3BDRM	_____	_____	_____	_____
<input type="checkbox"/> BILLBOARD	4 BDRM	_____	_____	_____	_____
<input type="checkbox"/> SATELLITE DISH	OTHER	_____	_____	_____	_____
	Describe	_____	_____	_____	_____

Section

Block

Lot(s)

COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Approved By \_\_\_\_\_

Date of Granting of Permit \_\_\_\_\_

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

Signature of Applicant/Contact Person \_\_\_\_\_

Please Print Name \_\_\_\_\_ Tele # \_\_\_\_\_

FIELD REPORT ON REVERSE



**BUILDING PERMIT  
PUBLIC UTILITY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY  
240 Old Country Road, Mineola, NY 11501**

DATE REC'D

ZONING CLASSIFICATION  
TOWN  
SCHOOL DISTRICT  
SECTION  
BLOCK  
LOT(S)  
DATE

<b>Sec / Blk / Lot</b>							<b>PERMIT # / ISSUE DATE</b>	
<b>SECTION</b>	<b>BLOCK</b>	<b>LOT(S)</b>						
<b>NASSAU COUNTY USE ONLY:</b>		<b>Town Code</b>	<b>Company Code</b>	<b>Sch. Dist.</b>	<b>Lot</b>			
<b>Property Location</b>	<b>N.E.S.W. SIDE OF (OR CORNER OF)</b>				<b>NAME OF BUSINESS/CONTRACTOR</b>			
<b>ADDRESS OF PROPERTY</b>					<b>Check one</b>			
<b>CITY, TOWN, VILLAGE</b>			<b>ZIP</b>		<b>OWNER</b> <input type="checkbox"/>		<b>CONTACT PERSON</b>	
<b>Owner of Property</b>					<b>OR</b>		<b>ADDRESS</b>	
					<b>LESSEE</b> <input type="checkbox"/>		<b>CITY, STATE, ZIP</b>	
<b>OWNER'S NAME</b>					<b>PHONE</b>			
<b>ADDRESS OF PROPERTY</b>					<b>EMAIL</b>			
<b>CITY, STATE, ZIP</b>					<b>Building Classification - Circle Item Below</b>			
<b>PHONE</b>					<b>Residential</b> _____		<b>Commercial</b> _____	
<b>E-MAIL</b>					<b>Other (Specify)</b> _____			
<b>DESCRIPTION OF WORK (PLEASE PRINT CLEARLY):</b>								
<b>ESTIMATED COST OF CONSTRUCTION:</b>					<b>LOT SIZE S.F.</b>		<b>PRINCIPLE TYPE OF CONSTRUCTION</b>	
					<b># BLDGS ON LOT</b>		<b>STEEL</b> <input type="checkbox"/> <b>MASONRY</b> <input type="checkbox"/>	
<b>DATE TO BEGIN</b>				<b>DATE TO COMPLETE</b>			<b>POLES, WIRES, CABLES</b> <input type="checkbox"/>	
<b>Public Utilities</b>					<b>Cellular Communications (Wireless)</b>			
<b>Public Utilities</b>					<b>Carrier</b>		<b>Mounting Arrngmt</b>	
<b>Electric</b>					<b>AT&amp;T</b>		<b>ROOF</b>	
<b>Pipelines</b>					<b>MetroPCS</b>		<b>MONOPOLE</b>	
<b>Private Water Co.</b>					<b>Nextel</b>		<b>SATELLITE DISH</b>	
<b>Muni Water Dist</b>					<b>Sprint</b>		<b>ANTENNA</b>	
<b>Cables/Wires/Fiber Optics</b>					<b>T-Mobile</b>		<b>WATER TOWER</b>	
<b>Telecomm (Landlines)</b>					<b>Verizon</b>		<b>LATTICE TOWER</b>	
					<b>Other</b>		<b>Other</b>	
<b>Tanks</b>		<b>Concrete</b>	<b>gal.</b>	<b>POWER PLANT</b> <input type="checkbox"/>		<b>Fuel Types: Natural Gas Diesel Fuel Turbine Other</b>		
<b>Water</b>	<b>Steel</b>		<b>gal.</b>	<b>TYPE:</b>				
<b>Fuel</b>	<b>Aluminum</b>		<b>gal.</b>	<b>Model:</b>				
<b>Oil</b>	<b>Fiberglass</b>		<b>gal.</b>	<b>Capacity - MW :</b>				
<b>Other</b>	<b>Other</b>		<b>gal.</b>					
<input type="checkbox"/>		<b>PIPELINE GATE VALVE</b>		<b>SPECIFICATIONS:</b>				
<input type="checkbox"/>		<b>PREFAB SHELTER</b>		<b>NOTES:</b>				
<input type="checkbox"/>		<b>NEW BUILDING</b>						
<input type="checkbox"/>		<b>ADDITION</b>						
<input type="checkbox"/>		<b>DEMOLITION</b>						
<input type="checkbox"/>		<b>INTERIOR or EXTERIOR ALTERATION</b>						
<input type="checkbox"/>		<b>AIR CONDITIONING / HVAC</b>						
<input type="checkbox"/>		<b>ROOF</b>						
<input type="checkbox"/>		<b>RETIREMENT OF EQUIPMENT</b>						
<input type="checkbox"/>		<b>BACKUP GENERATOR KVA:</b>						
<input type="checkbox"/>		<b>OTHER (Describe):</b>						
<b>SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING</b>								
					_____ Signature of Applicant/Contact Person			
_____ DATE OF GRANTING OF PERMIT								
					_____ Address of Applicant/Contact Person			

# *Short Environmental Assessment Form*

## *Part 1 - Project Information*

### **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.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
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 <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
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, are adjoining or near the proposed action:			
5. <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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?  b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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 <input type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
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? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
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 <input type="checkbox"/>	YES <input type="checkbox"/>
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 <input type="checkbox"/>	YES <input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor/name: _____ Date: _____  Signature: _____ Title: _____		

PERMIT FEES

Page 2

SIGN PERMIT ----- \$ 150.00

Sign Renewal ----- \$ 150.00

ELECTRIC PERMIT ----- \$ 30.00

RENTAL PERMIT FEES:

A) One Rental Unit ----- \$ 150.00

B) Buildings with Two Rental Units --- \$ 225.00

C) Three Rental Units ----- \$ 262.00

D) Four Rental Units ----- \$ 287.00

\* PLUS \$2000 FOR EACH ADDITIONAL UNIT  
EXCESS OF FOUR UNITS - FEE NOT REFUNDABLE.

AIR-CONDITIONING/REFRIGERATION:

Residential ----- \$ 75.00

Commercial ----- \$ 150.00 per unit plus \$7.50 per \$1,000 cost of construction  
or fraction thereof for piping, radiators and duct work.

OIL BURNER/OIL TANK/OIL HOT WATER HEATER - \$75.00 (install/remove).

Installation of storage tanks for flammable liquids --- \$300.00 for the 1st tank

Each additional tank ----- \$ 150.00

installed on the same site at the same time.

STORAGE TANKS (NON-FLAMMABLE) ----- \$ 75.00 (install/remove).

BULKHEAD FEES:

New Bulkhead/Add/Replace ----- \$300.00 for the first 50 ft. and \$150 each  
additional foot

\* REFACING OR RESURFACING BULKHEADS IS NO LONGER  
PERMITTED.

Float, Ramp & Platform ----- \$ 150.00 each  
(Includes docks, piers & boardwalks)

Poles/New/Replacement/Relocate ----- \$ 38.00 per pole

Tie Rods ----- \$ 38.00 per tie rod

Finger slips ----- \$ 150.00 per slip

CODE COMPLIANCE - \$150.00

\* FEE WILL BE DOUBLE IF PERMIT IS ISSUED AFTER WORK BEGINS. \*

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

APPLICATION NO. \_\_\_\_\_  
FILING DATE \_\_\_\_\_

The fee paid herein shall be non-refundable. Said cost will be for the processing of the application whether approved or not.

- OWNER OR LESSEE
- CONTRACTOR
- ARCHITECT OR ENGINEER
- OTHER (must specify) \_\_\_\_\_

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

State of New York  
County of Nassau

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

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