



**DEPARTMENT OF BUILDINGS
ROOF PERMIT APPLICATION
FOR RESIDENTIAL PROPERTIES**

ROOF	
Tracking Number	
Permit Number	
Permit Issue Date	

Roof Replacement – Residential – Permit Requirements	
<input type="checkbox"/> Roof Permit Application – One (1) Copy (signed and owners authorization notarized) <input type="checkbox"/> Permit Fee: \$150 nonrefundable, cash or check only <input type="checkbox"/> Nassau County Department of Assessment Form	
Filing Status – Check all that apply: Incomplete applications will not be accepted	
<input type="checkbox"/> Proposed – Full Roof Replacement <input type="checkbox"/> Proposed – Partial Roof Replacement	
Property Information:	
Property Address:	
Section:	Block: Lot: Zone:
Description of Work:	
Type of Roof Proposed: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Slate or Tile <input type="checkbox"/> Membrane <input type="checkbox"/> Other _____	
Required Accessories: <input type="checkbox"/> Underlayment <input type="checkbox"/> Ice Shield <input type="checkbox"/> Flashing	
Removal of existing roof down to sheathing? <input type="checkbox"/> yes <input type="checkbox"/> no If no, how many layers of roofing are there currently? _____ (note if the weight of the roof will change a letter by a NYS licensed architect engineer certifying that the roof rafters can support the additional weight must be submitted with application)	
Replacement of sheathing? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what type and thickness sheathing will be installed?	
Estimated Cost of Construction:	
\$	
Owner Information:	
Last Name:	First Name:
Mailing Address:	City: State: Zip:
Phone Number:	Email:
Applicant Information: <input type="checkbox"/> Owner is Applicant	
Last Name:	First Name:
Mailing Address:	City: State: Zip:
Phone Number:	Email:



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Contractor Information: <input type="checkbox"/> Work will be performed by Homeowner (waiver required) <input type="checkbox"/> Contractor information will be submitted at a later date			
Last Name:		First Name:	
Company Name:		Floral Park License Number:	
Company Address:		City:	State: Zip:
Phone Number:		Email:	
Property Owner Statement & Signature:			
The undersigned affirms that I am the owner of the property described herein, situated, lying and being within the Incorporated Village of Floral Park; that I have read and understand all items as here in stated, recognize that I am responsible for all activities occurring on the property, and that failure to comply with any of the items, notwithstanding any other items defined in the Village Code, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Village Code. I hereby give consent to the listed applicant to make the application on my behalf for permit to perform said work.			
Print Name:		Signature:	Date:
Applicant Statement & Signature:			
The undersigned, being duly sworn, deposes and says that "The foregoing are all the alteration of repairs proposed to make to the building herein referred to and described; and hereby stipulates that all provisions of the Building and Village Code shall be complied with in the alteration or repair of said building, whether specified herein or not.			
Print Name:		Signature:	Date:
Notary:			
On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in as the applicant and who executed the foregoing instrument and has acknowledged to me that he/she executed the same.			
			_____ Notary Public
Building Department Use Only:			
<input type="checkbox"/> Building Permit Fee: \$150	Receipt: _____	<input type="checkbox"/> Other: _____	
Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By: _____
Required Inspections:			
<input type="checkbox"/> Sheathing			
<input type="checkbox"/> Final			

Permit Conditions: The following conditions must be met before a Certificate of Occupancy or Completion can be issued:

- The Floral Park Building Department must be made aware of all field changes prior to or at the time of the change. Work is NOT to continue until an amended permit is filed and approved with the Building Department.
- All work is to be left exposed until inspected and approved by the Floral Park Building Department. Work closed up prior to inspection approval will need to be exposed for inspection at the owner's cost.
- The Building Permit must be posted and visible from the street for the duration of the construction process.
- The Building Permit is valid for 6 months, unless construction has started. If started, the permit is valid for 12 months from the date of issuance. Should the permit expire, a permit renewal application, along with updated drawings and permit fee, must be filed and approved by the Building Department.



**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)

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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
# BLDGS ON LOT		

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"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <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 <input type="checkbox"/>	NO <input type="checkbox"/>	
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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

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