



DEPARTMENT OF BUILDINGS  
GUIDELINES FOR OBTAINING A DRIVEWAY PERMIT  
FOR RESIDENTIAL PROPERTIES

The following is a guide to assist you in obtaining a Driveway Permit for your project.  
Any questions regarding the permit process can be answered from 8:30 am – 4:30 pm, Monday to Friday by contacting the Building Department at 516.326.6319 or [FPBuildings@FPVillage.org](mailto:FPBuildings@FPVillage.org)  
The Building Department is located at 1 Pool and Garage Road, Floral Park, NY

**Residential Driveways, Walkways, Retaining Walls and Exterior Masonry Stoop/Steps – New, Repair or Replacement (Commercial projects must use the Building Permit Application)**

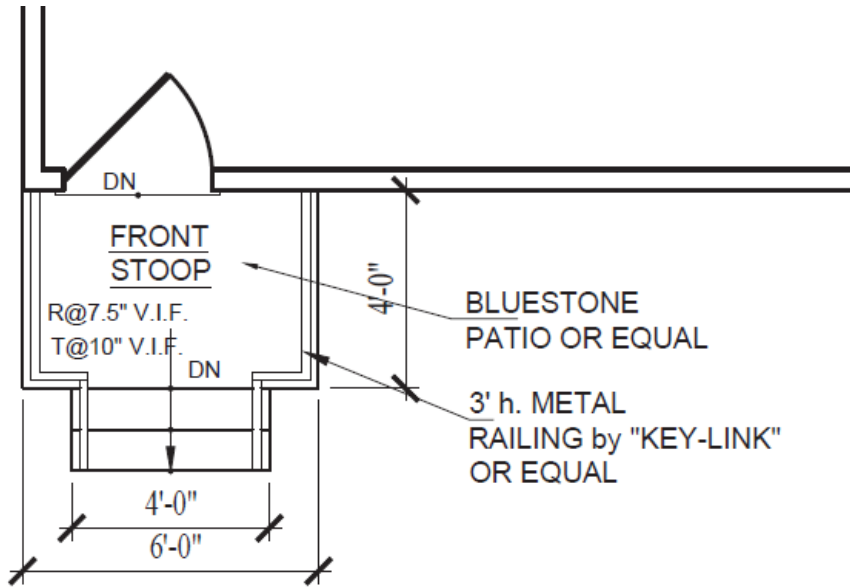
- Driveway Permit Application – One (1) Copy (signed and notarized)
- Permit Fee: nonrefundable, cash or check only
- Construction Drawings:
  - For Driveways and Walkways:
    - Sketch of proposed work clearly indicated on existing survey or plot plan showing dimensions and materials including size and height of any borders (if drainage is required or proposed a full set of plans showing the proposed work and drainage calculations must be submitted and stamped and sealed by a NYS Registered Architect or Engineer)
  - For Masonry Stoop/Steps:
    - Sketch of proposed work clearly indicated on existing survey or plot plan showing dimensions and materials including size and height of steps and handrails as required.
    - Foundation details indicating materials and depth
  - For Retaining Walls:
    - A site plan showing the location of the retaining wall including setbacks to property lines
    - Sections and details showing materials and foundation depth
    - Drawings must be stamped and sealed by a NYS Registered Architect or Engineer, or if retaining wall is a pre-engineered system, manufacturers data and details must be submitted
- Current Survey showing all improvements (if survey is older than 12 months, a Survey Affidavit Form is required)- One (1) Copy
- Nassau County Assessors Form - One (1) Copy

(Example drawings shown on reverse of page)

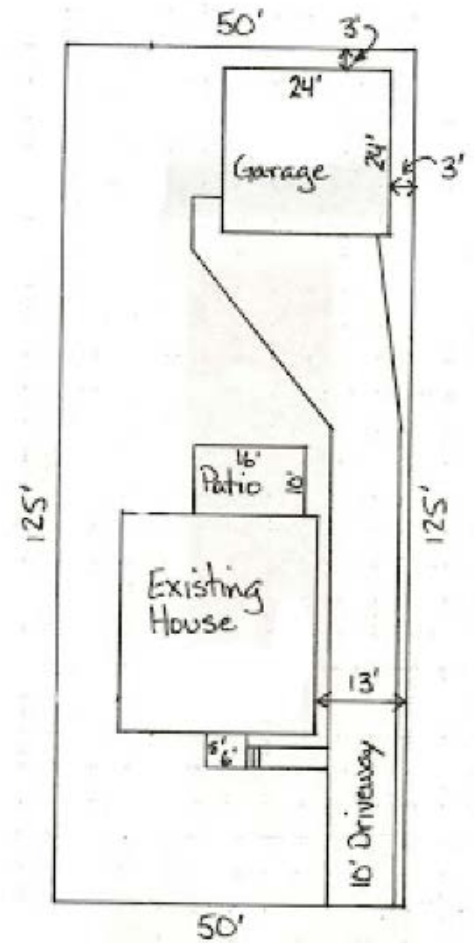


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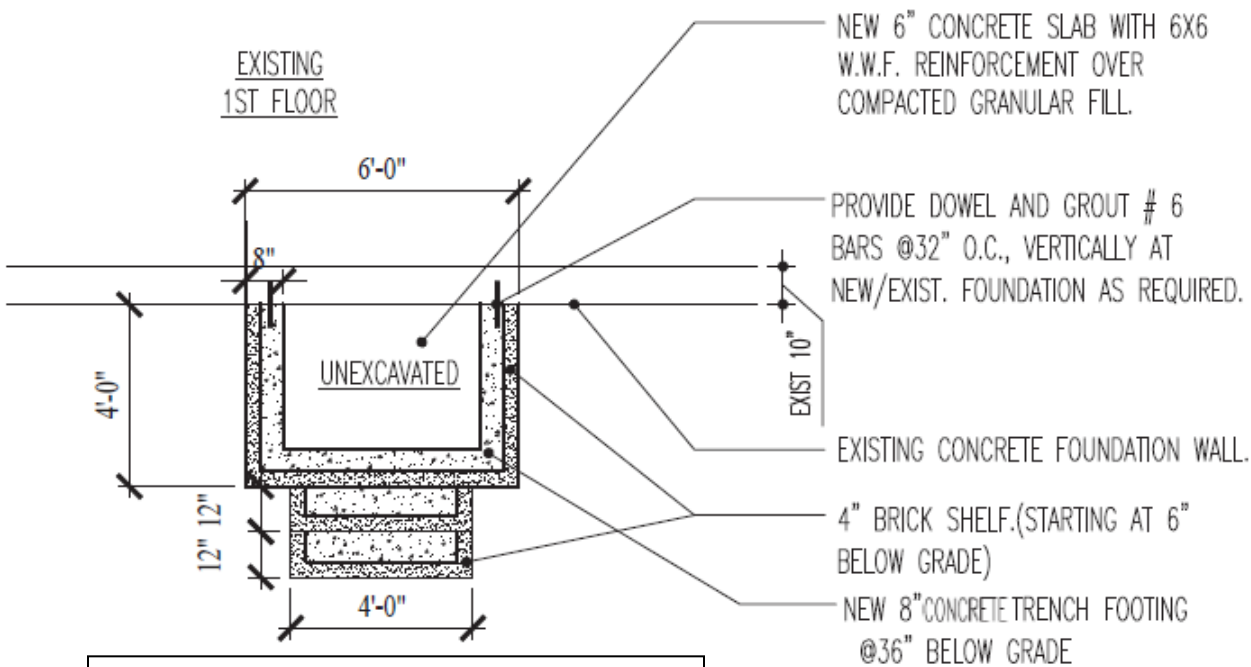
DRIVEWAY



EXAMPLE STOOP/STEPS FLOOR PLAN



EXAMPLE DRIVEWAY PLAN



EXAMPLE STOOP/STEPS FOUNDATION PLAN



**DEPARTMENT OF BUILDINGS  
RESIDENTIAL DRIVEWAY  
PERMIT APPLICATION**

| DRIVEWAY          |    |
|-------------------|----|
| Tracking Number   |    |
| Permit Number     | B- |
| Permit Issue Date |    |

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| <b>Filing Status – Check all that apply:</b>  |  |   |  | Incomplete applications will not be accepted         |  |   |  |
| <input type="checkbox"/> Proposed - New   |  | <input type="checkbox"/> Proposed - Replacement |  | <input type="checkbox"/> Maintain (year built _____) |  |   |  |
| <input type="checkbox"/> Driveway   |  | <input type="checkbox"/> Stoop/Steps            |  | <input type="checkbox"/> Walkway                     |  | <input type="checkbox"/> Retaining Wall   |  |
| <b>Property Information:</b>  |  |   |  |  |  |   |  |
| Property Address:   |  |   |  |  |  |   |  |
| Section:  |  | Block:  |  | Lot(s):  |  | Zone:   |  |
| <input type="checkbox"/> VFP Verified   |  |   |  |  |  |   |  |
| Existing:   |  | <input type="checkbox"/> Single Family          |  | <input type="checkbox"/> 2-Family                    |  | <input type="checkbox"/> Other:   |  |
| <b>Description of Work:</b> (including proposed materials)  |  |   |  |  |  |   |  |
|   |  |   |  |  |  |   |  |
|   |  |   |  |  |  |   |  |
| <b>Estimated Cost of Construction</b>   |  |   |  |  |  |   |  |
| \$  |  |   |  |  |  |   |  |
| <b>Owner Information:</b>   |  |   |  |  |  |   |  |
| Owner's Name:   |  |   |  |  |  |   |  |
| Mailing Address:  |  |   |  | City:  |  | State:  |  |
| Phone Number:   |  |   |  | Email:   |  |   |  |
| <b>Applicant Information:</b> <input type="checkbox"/> Owner is Applicant <input type="checkbox"/> Contractor is Applicant  |  |   |  |  |  |   |  |
| Applicant's Name:   |  |   |  |  |  |   |  |
| Mailing Address:  |  |   |  | City:  |  | State:  |  |
| Phone Number:   |  |   |  | Email:   |  |   |  |
| <b>Contractor Information:</b> <input type="checkbox"/> Work will be performed by Homeowner (waiver required) <input type="checkbox"/> Contractor information will be submitted at a later date |  |   |  |  |  |   |  |
| Contractor's Name:  |  |   |  |  |  |   |  |
| Company Name:   |  |   |  | Floral Park License Number:                          |  |   |  |
| <input type="checkbox"/> VFP Verified   |  |   |  |  |  |   |  |
| Company Address:  |  |   |  | City:  |  | State:  |  |
| Phone Number:   |  |   |  | Email:   |  |   |  |
| <b>Zoning Information:</b>  |  |   |  |  |  |   |  |
| Driveway - Existing   |  | Width:  |  | Length:  |  | Border: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> flush <input type="checkbox"/> raised |  |
| Driveway - Proposed   |  | Width:  |  | Length:  |  | Border: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> flush <input type="checkbox"/> raised |  |



**DEPARTMENT OF BUILDINGS  
RESIDENTIAL DRIVEWAY  
PERMIT APPLICATION**

|   |   |                       |          |
|---|---|-----------------------|----------|
| <b>Property Owner Statement &amp; Signature:</b>  |   |                       |          |
| 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 a 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:                 |          |
| <b>Applicant Statement &amp; Signature:</b>   |   |                       |          |
| The undersigned, being duly sworn, deposes and says that "The foregoing are all the alteration or 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:                 |          |
| <b>Notary:</b>  |   |                       |          |
| 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.   |   |                       |          |
| _____<br>Notary Public  |   |                       |          |
| <b>Building Department Use Only:</b>  |   |                       |          |
| Permit Fee Driveway/Stoop/Steps:  | \$200 Replacement/Repair  | \$250 New/Enlargement | Receipt: |
| Permit Fee Retaining Wall:  | \$200 Replacement/Repair  | \$250 New/Enlargement | Receipt: |
| <b>Approvals:</b>   |   |                       |          |
| Zoning Review   | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |
| Permit Review   | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |
| <b>Required Inspections:</b> (To be filled out by Building Department)  |   |                       |          |
| <input type="checkbox"/> Excavation (You must call before you dig - dial 811 a minimum of 48 hours before beginning any digging project)  | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |
| <input type="checkbox"/> Footing Formwork (Including reinforcement)   | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |
| <input type="checkbox"/> Foundation Formwork (Including reinforcement)  | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |
| <input type="checkbox"/> Concrete Pour/Asphalt  | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |
| <input type="checkbox"/> Backfill   | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |
| <input type="checkbox"/> Final  | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                 | By:      |

**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 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.
- All Architectural Review Board approvals, Board of Trustee resolutions, and Special Use approvals are valid for 6 months.
- The Building Permit must be posted and visible from the street for the duration of the construction process.
- A 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.



**DEPARTMENT OF BUILDINGS  
SURVEY CERTIFICATION AFFIDAVIT**

| SURVEY AFFIDAVIT |  |
|------------------|--|
| Tracking Number  |  |
| Permit Number    |  |

In lieu of a recent survey dated within twelve (12) months from the date of this application, the following affidavit along with the most recent survey will be accepted.

| Property Information:   |                                |  |
|---|--------------------------------|--|
| Owners Name:  |                                |  |
| Property Address:   |                                |  |
| Survey Certification Affidavit:   |                                |  |
| <p>In accordance with 19 NYCRR, Codes, Rules and Regulations of the State of New York, Section 1203, all surveys, plot plans and/or site plans submitted to the Department of Buildings shall clearly depict all structures and site improvements. This is intended to include all primary and accessory structures, driveways, garages, decks, pool, equipment, etc. for both residential and commercial properties.</p>   |                                |  |
| <p>In lieu of a current survey dated within twelve (12) months from the date of this application, I certify that I have personally inspected the above referenced property and determined that the plot plan / site plan submitted accurately depicts all existing site improvements as of the date of signature on this document.</p> <p>I certify that with respect to the above application the zoning analysis accurately reflects the dimensions and zoning requirements for the subject property.</p> <p>I acknowledge that the Department of Buildings is relying on this affidavit for the code review in accordance with the Village Code and NYS Building Code.</p> |                                |  |
| Applicant Statement & Signature:  |                                |  |
| Print Name:   | Signature:                     | Date:  |
| Capacity (Check One):   | <input type="checkbox"/> Owner | <input type="checkbox"/> Design Professional |



**USE FOR RESIDENTIAL APPLICATIONS**



**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   |                      |  |
| ADDRESS OF PROPERTY  |                                 |  | Check one  | NAME OF BUSINESS     |  |
| CITY, TOWN, VILLAGE  |                                 |  | <input type="checkbox"/> OWNER<br>OR<br><input type="checkbox"/> LESSEE                    | CONTACT PERSON/OWNER |  |
| ESTIMATED COST OF CONSTRUCTION:  |                                 |  |  | ADDRESS              |  |
| WORK MUST BEGIN BY   |                                 |  | IF YOU WISH TO GROUP OR APPORTION LOTS<br>PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION | CITY, STATE, ZIP     |  |
| PRINCIPLE TYPE OF CONSTRUCTION   |                                 |  |  | PHONE                |  |
| PERMIT EXP DATE  |                                 |  |  | EMAIL                |  |
| LOT SIZE S.F.  |                                 |  | # BLDGS ON LOT   |                      |  |
| <input type="checkbox"/> STEEL<br><br><input type="checkbox"/> MASONRY<br><br><input type="checkbox"/> FRAME |                                 |  |  |                      |  |

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

**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      |
| <b>SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING</b> | Address of Applicant/Contact Person _____ Telephone _____ |
| <b>FIELD REPORT ON REVERSE</b>                              |   |

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