



**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	
<b>Filing Status – Check all that apply:</b> <span style="float: right;">Incomplete applications will not be accepted</span>	
<input type="checkbox"/> Proposed – Full Roof Replacement <input type="checkbox"/> Proposed – Partial Roof Replacement	
<b>Property Information:</b>	
Property Address:	
Section:	Block:      Lot(s):      Zone: <input type="checkbox"/> VFP Verified
<b>Description of Work:</b>	
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?	
<b>Estimated Cost of Construction:</b>	
\$	
<b>Owner Information:</b>	
Owner's Name:	
Mailing Address:	City:      State:      Zip:
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:      Zip:
Phone Number:	Email:



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<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:    Zip:
Phone Number:		Email:	
<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 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:
<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.			
		_____ Notary Public	
<b>Building Department Use Only:</b>			
<input type="checkbox"/> Building Permit Fee: \$150	Receipt: _____	<input type="checkbox"/> Other: _____	
Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date: _____	By: _____
<b>Required Inspections:</b>			
<input type="checkbox"/> Sheathing	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date: _____	By: _____
<input type="checkbox"/> Flashing/Ice Shield	<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.
- 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.

**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:  OWNER OR  LESSEE NAME OF BUSINESS: \_\_\_\_\_

CITY, TOWN, VILLAGE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CONTACT PERSON/OWNER: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

WORK MUST BEGIN BY: \_\_\_\_\_ PRINCIPLE TYPE OF CONSTRUCTION:  STEEL  MASONRY  FRAME PHONE: \_\_\_\_\_

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

LOT SIZE S.F.: \_\_\_\_\_ # BLDGS ON LOT: \_\_\_\_\_ 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"/> 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 _____	<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
	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>
	FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>BASEMENT FINISH</b>
	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <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  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**

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