



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
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)

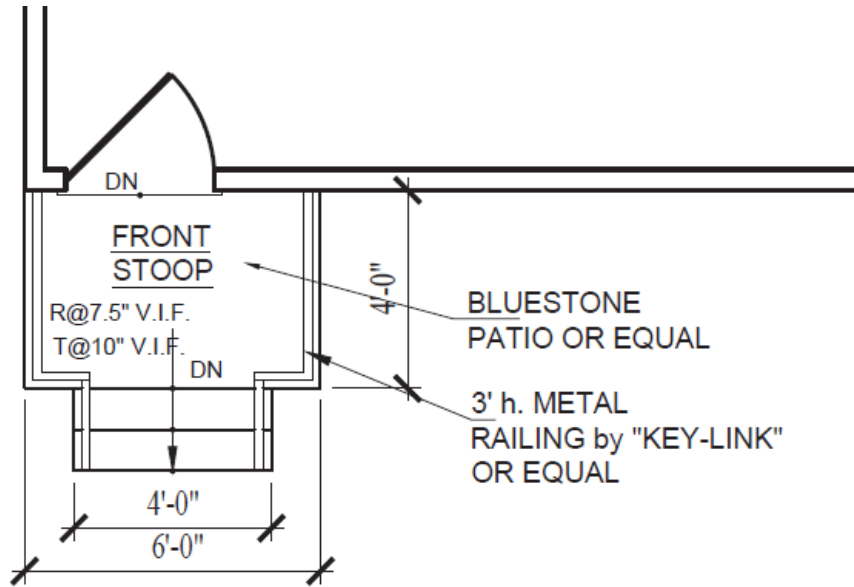
- Driveway Permit Application – One (1) Copy (signed and notarized)
- Permit Fee: nonrefundable, cash or check only
- Construction Drawings:
 - For Driveways and Walkways:
 - Sketch of proposed work clearly indicated on existing survey or plot plan showing dimensions and materials including size and 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)

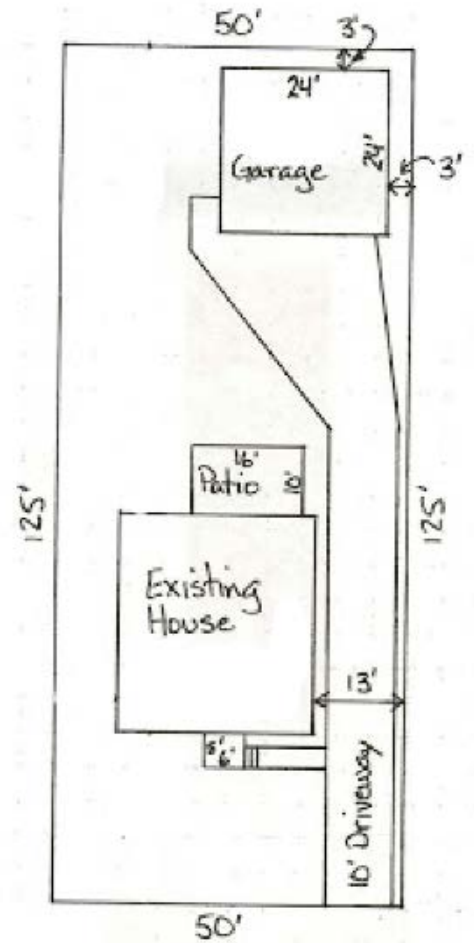


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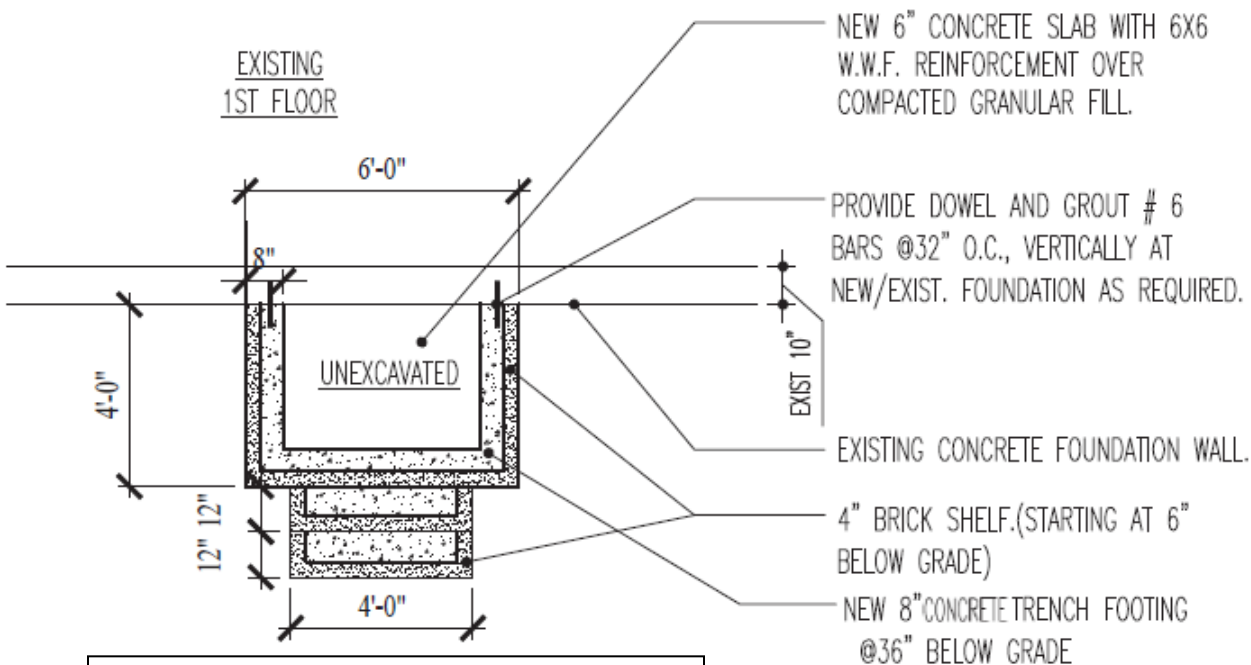
DRIVEWAY



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	
Permit Issue Date	

Filing Status – Check all that apply:		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"/> Driveway (Special Exception)	<input type="checkbox"/> Stoop/Steps	<input type="checkbox"/> Walkway <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Drainage
Property Information:			
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:
Description of Work: (including proposed materials)			
Estimated Cost of Construction			
\$			
Owner Information:			
Owner's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
Applicant Information: <input type="checkbox"/> Owner is Applicant <input type="checkbox"/> Contractor is Applicant			
Applicant's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
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			
Contractor's Name:			
Company Name:		Floral Park License Number:	<input type="checkbox"/> VFP Verified
Company Address:		City:	State: Zip:
Phone Number:		Email:	
Zoning Information:			
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**

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 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:	
Applicant Statement & Signature:			
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:	
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:			
Permit Fee Driveway/Stoop/Steps:	\$200 Replacement/Repair	\$250 New/Enlargement	Receipt:
Permit Fee Retaining Wall:	\$200 Replacement/Repair	\$250 New/Enlargement	Receipt:
Permit Fee Drainage:	\$50 per structure		Receipt:
Approvals:			
Zoning Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	Special Exception Expiration Date:
Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
Required Inspections: (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"/> Drainage	<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: 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: _____ EMAIL: _____

PERMIT EXP DATE: _____ 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 _____	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
LOTS(S)
CA # OR BLDG #
UNIT #
DATE