DIRECTIONS FOR FILING OF A FENCE PERMIT

Department of Buildings – Inc. Village of Freeport

Documents Required:

- Fence Permit Application (3 copies of the application to be submitted)
- 2 Copies of the Property Survey detailing the Location of the proposed fence
- Application must include the length and height and material of the fence
- A signed contract for the proposed work between the owner and the contractor
- Contractors Nassau County License
- Contractors Workers Compensation insurance
- Contractors Liability Insurance
- Contractors Disability Insurance
  (Insurances must name the Village as an additional insured/certificate holder)

Applications will be accepted Monday through Friday from 8:30 AM to 3:00 PM Daily.

Applications must be filed for in person.

Applications sent by mail will not be accepted.

No work may commence until until a completed application has been filed and until the permit has been issued. The installation of a fence prior to a permit being issued will result in appearance tickets returnable in the Court of the Village of Freeport. A double filing fee to be charged, and the possibility that the fence if not approved to be removed in its entirety.

ALL APPLICATIONS MAY BE SUBJECT TO ZONING BOARD OF APPEALS AND/OR SITE PLAN APPROVAL

Please note, that it is the responsibility of the homeowner and of the contractor to contact their assigned inspector 48 hours prior to the commencement of the work to discuss the required inspections. Failure to contact the inspector prior to and during the installation may also result in legal action to be taken.

Your inspector may be contacted by calling this office at: 516-377-2241 or 516-377-2243

Department of Buildings of the Incorporated Village of Freeport

FENCE PERMIT APPLICATION

Application Number: _____ S/B/L _____ Date of filing: _____

Permit Number: _____

Detailed Description of Project: _____

_____

Property Owner: _____

Property Address: _____ Zoning District: _____

Owners Mailing Address: _____

Owners Contact Number: _____

Owners Email Address: _____

Contractor Information: _____

Contractor Address: _____

Contractor Phone Number: _____

Contractor Email Address: _____

Documents Submitted from Contractor:

- Nassau County License YES ☐ NO☐
- Workers Compensation Insurance YES ☐ NO☐
- Liability Insurance YES ☐ NO☐
- Disability Insurance YES ☐ NO☐

Will Homeowner Install Their Own Fence YES ☐ NO☐

If So, Was a Valid Copy a Valid Homeowners Insurance Policy Submitted? YES ☐ NO☐

Was the Fence Already Installed? YES ☐ NO☐

Total Cost of Project (Must include contract): _____

Total Length of Fencing: _____

NOTARY REQUIRED:

Print Name of Applicant: _____

Signature of Applicant: _____

Sworn to before me this_____day of

_____20____

Notary Public: _____ Superintendent of Buildings: _____

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

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.

Part 1 – Project and Sponsor Information			
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 ☐	YES ☐
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 ☐	YES ☐
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. ☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify): ☐ 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?	☐	☐	☐

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☐
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	☐	☐
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?	☐	☐
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: _____	☐	☐
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	☐	☐
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	☐	☐
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?	☐	☐
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: _____		

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: ☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional ☐ Wetland ☐ Urban ☐ 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	YES
	☐	☐
16. Is the project site located in the 100-year flood plan?	NO	YES
	☐	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
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:		
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)?	NO	YES
If Yes, explain the purpose and size of the impoundment:	☐	☐
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe:	☐	☐
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe:	☐	☐

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: _____ Date: _____

Signature: _____ Title: _____

PRINT FORM

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)

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

ocation f uilding	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF

DDRESS OF PROPERTY

ITY, TOWN, VILLAGE | ZIP

ESTIMATED COST OF CONSTRUCTION:

ATE TO BEGIN

ATE TO COMPLETE

OT SIZE S.F.

BLDGS ON LOT

PRINCIPLE TYPE OF CONSTRUCTION
- ☐ STEEL
- ☐ MASONRY
- ☐ OTHER

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.

DESCRIPTION OF WORK *IN DETAIL* (PLEASE PRINT CLEARLY)

CHECK ALL THAT APPLY

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ OTHER (Describe)_____
- ☐ FAÇADE
- ☐ BASEMENT RENOVATION/ALTERATION
- ☐ HVAC
- ☐ ROOF
- ☐ PLUMBING

	SIZE	QUANTITY
☐ ELEVATORS		
☐ SPRINKLERS		
☐ SOLAR		
☐ ANTENNA		
☐ BILLBOARD		
☐ SATELLITE DISH		

USE BY SIZE AND FLOOR

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT				
1ST				
1ST addnl use				
2ND				
UPPER FLOORS				
TOTAL # FLOORS				

List additional use in comments section

Residential Use

- CO-OP ☐
- CONDO ☐
- RENTAL ☐

	Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
Studio				
1BDRM				
2BDRM				
3BDRM				
4 BDRM				
OTHER				

Describe

COMMENTS

Approved By_____

Date of Granting of Permit_____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

_____
Signature of Applicant/Contact Person

_____
Please Print Name Tele #

Township_____ School District_____ Section_____ Block_____ Lot(s)_____ Date_____

Rev 08/11

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

CITY, TOWN, VILLAGE | ZIP

ESTIMATED COST OF CONSTRUCTION:

WORK MUST BEGIN BY

PERMIT EXP DATE

LOT SIZE S.F.

BLDGS ON LOT

PRINCIPLE TYPE OF CONSTRUCTION
- ☐ STEEL
- ☐ MASONRY
- ☐ FRAME

Check one
- ☐ OWNER OR ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

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

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ MAINTAIN (PRE-EXISTING)
- ☐ RECONSTRUCTION
- ☐ DECK, TERRACE, PORCH, CARPORT
- ☐ DORMERS
- ☐ OTHER _____
- ☐ FIRE DAMAGE
- ☐ GARAGE/ OUT BUILDING
- ☐ HVAC
- ☐ PLUMBING
- ☐ RELOCATION
- ☐ REPLACEMENT
- ☐ SWIMMING POOL
- ☐ TENNIS COURT
- ☐ CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES ☐ NO ☐

FINISHED ATTIC YES ☐ NO ☐

BASEMENT FINISH

1/4 ☐ 1/2 ☐ 3/4 ☐ FULL ☐

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

Rev 08/11

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

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

This form cannot be used to waive the workers' compensation rights or obligations of any party.

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

_____
(Signature of Homeowner)

_____
(Date Signed)

_____
(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

_____

_____

_____

_____

Sworn to before me this _____ day of
_____, _____.

_____
(County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.