

BUILDING APPLICATION General requirements

1. Application fee must be paid at the time application is filed.
2. All fees are non-refundable.
3. All blanks on the application are to be filled in. If an item is “not-applicable” note as N/A. Leave no blanks. *Please PRINT****
4. All applications are subject to VLS approval.
5. Nassau County board of assessors permit information sheet must be completed.
6. All permits are valid for one (1) year from the date of issue. Permit may be renewed for up to one (1) addition year. Permits that exceed the maximum of **two (2) years are VOID** and a **new application and new COMPLETE fee are required**. New permit is for one (1) year and may not be renewed.
7. Current edition of the New York State Building and Fire Codes must be met.
8. The Permit must be prominently displayed and readily available for review by any Village designated employee.

BUILDING PERMIT Required documents

1. Building application (portal).
2. (2) sets of plans prepared by a NYS licensed architect professional engineer. Plans must include a plot plan drawn to scale.
3. Electronic copy of submitted plan.
4. Survey
5. Mechanical permit application (Portal)
6. Fixture quantity and location form.
7. ARB (Planning Board) application (new construction, additions and exterior alterations ONLY)
8. Nassau County Assessors form
9. Contractor and Design Professional information (portal).
10. Design Professional Certificate of Compliance
11. Truss Type Construction
12. Owners Authorization.



INC. VILLAGE OF LAKE SUCCESS
318 LAKEVILLE ROAD
GREAT NECK, NY 11020
516.482.4411

Isoffice@villageoflakesuccess.com

BUILDING PERMIT APPLICATION

(CHECK ALL THAT APPLY)

TYPE OF WORK: (CHECK ALL THAT APPLY)

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> ALTERATION(S)	<input type="checkbox"/> ACCESSORY STRUCTURE	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> ADDITION	<input type="checkbox"/> DECK	COST OF CONSTRUCTION: \$ _____
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> EXTERIOR ALTERATION	<input type="checkbox"/> POOL	APPLICATION/PERMIT#: _____
	<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> OTHER _____	

PROPERTY INFORMATION

SECTION: _____ BLOCK: _____ LOT: _____ ZONE: _____

ADDRESS: _____, LAKE SUCCESS, NY _____

OWNER INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT INFORMATION SAME AS OWNER

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

DESCRIPTION OF WORK: _____

ALL ZONING INFORMATION AND CALCULATIONS ON PLOT PLAN

---OFFICIAL USE ONLY---

BUILDING INSPECTOR _____ Date: _____

BOARD OF ZONING & APPEALS APPROVAL
 BY: _____ Date: _____

PLANNING BOARD APPROVAL
 BY: _____ Date: _____

BOARD OF TRUSTEES APPROVAL
 BY: _____ Date: _____



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MECHANICAL PERMIT APPLICATION

ALL ZONING INFORMATION AND CALCULATIONS MUST BE ON PLOT PLAN

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FIRE SPRINKLER	<input type="checkbox"/> WATER SERVICE	<input type="checkbox"/> DRYWELLS
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HVAC	<input type="checkbox"/> LAWN SPRINKLER	<input type="checkbox"/> SEWER SERVICE	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> DRAINAGE	<input type="checkbox"/> GENERATOR	<input type="checkbox"/> POOL EQUIPMENT	
<input type="checkbox"/> ALTERATION(S)	*IS THIS WORK PART OF AN ON-GOING CONSTRUCTION PROJECT?			<input type="checkbox"/> NO <input type="checkbox"/> YES, APPLICATION #: _____

PROPERTY INFORMATION

SECTION: _____ BLOCK: _____ LOT: _____ ZONE: _____
 ADDRESS: _____, LAKE SUCCESS, NY _____

OWNER INFORMATION

FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
 EMAIL ADDRESS: _____

APPLICANT INFORMATION SAME AS OWNER

FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
 EMAIL ADDRESS: _____

CONTRACTOR INFORMATION

COMPANY NAME: _____ LICENSEE NAME: _____
 NASSAU COUNTY LICENSE (TOWN & NUMBER): _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 OFFICE TELEPHONE NUMBER: _____ CELL NUMBER: _____
 EMAIL ADDRESS: _____

INC. VILLAGE OF LAKE SUCCESS BUILDING DEPARTMENT OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. I (we) agree to permit the Building Inspector/any officer or employee of the Village of Lake Success to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
3. Building Inspector will be given a minimum of 48 hours' notice to make the required inspection and no work will continue until such inspection has been completed and approved.
4. Owner or his representative will be responsible to arrange for all required inspections.



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Mandatory Material List for Architectural Review Board Applications

****No application will be processed without completion of list****

Homeowner's Information:

Name: _____

Address: _____, Lake Success, NY 11020

Professional's Information (accompanying homeowner to meeting & presenting):

Name: _____ Telephone #: _____

Siding

Type (Vinyl, Cement Board. etc.) _____

Manufacturer _____

Color _____

Brick and or Stone

Manufacturer _____

Product Name _____

Color _____

Mortar Color _____

Porcelain tile

Manufacturer _____

Color _____

Size _____

Cementitious Stucco (EIFS Systems not allowed in the Village, including door and window surrounds)

Color _____

Foundation/ Water table

Material (precast, Stucco, Stone, etc.) _____

Color _____

Roofing

Manufacturer/type _____

Model name _____

Color _____

Windows

Manufacturer _____

Model # _____

Type (Casement, Double Hung etc.) _____

Divided Lite Y/N _____

Village of Lake Success Planning Board
Mandatory Material List for Architectural Review Board Applications
No application will be processed without completion of list

Window/ Door Casing, trim

Type (Precast, Cellular PVC, etc.) _____
Color _____

Entry Door

Manufacturer _____
Model # _____
Color _____

Garage Door

Manufacturer _____
Model # _____
Color _____

Applicant agrees to abide by this material list X _____ Dated _

ALL SUBMISSIONS MUST INCLUDE OR THEY WILL NOT BE PROCESSED:

- 2 sets of full size stamped & sealed drawings
- 8 sets of 11 X 17 copies of drawing
- Color rendering
- 1 USB of all submitted paperwork
- All items must be presorted into 10 sets of packages

Homeowner(s) Signature:



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN • CITY • VILLAGE OF: Lake Success

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
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CITY, TOWN, VILLAGE <u>Lake Success</u>	ZIP	CONTACT PERSON/OWNER
--	-----	----------------------

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
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WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
--------------------	--------------------------------	-------

PERMIT EXP DATE	<input type="checkbox"/> STEEL	EMAIL
-----------------	--------------------------------	-------

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

# BLDGS ON LOT	<input type="checkbox"/> FRAME	
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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

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE	DOES RESIDENCE HAVE THE FOLLOWING 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"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION	
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT	
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL	
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT	
<input type="checkbox"/> OTHER _____	<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)
CA # OR BLDG #
UNIT #
DATE



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CONTRACTORS AND DESIGN PROFESSIONAL INFORMATION

<u>CONTRACTOR INFORMATION</u>	<input type="checkbox"/> TO BE DETERMINED
COMPANY NAME: _____	
FIRST NAME: _____ LAST NAME: _____	
ADDRESS: _____	
CITY/STATE/ZIP: _____	
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____	
EMAIL ADDRESS: _____	
NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____	

<u>ELECTRICIAN INFORMATION</u>	<input type="checkbox"/> TO BE DETERMINED
COMPANY NAME: _____	
FIRST NAME: _____ LAST NAME: _____	
ADDRESS: _____	
CITY/STATE/ZIP: _____	
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____	
EMAIL ADDRESS: _____	
NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____	

<u>PLUMBER/HVAC INFORMATION</u>	<input type="checkbox"/> TO BE DETERMINED
COMPANY NAME: _____	
FIRST NAME: _____ LAST NAME: _____	
ADDRESS: _____	
CITY/STATE/ZIP: _____	
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____	
EMAIL ADDRESS: _____	

<u>DESIGN PROFESSIONAL</u>	NYS LICENSE NUMBER: _____
COMPANY NAME: _____	
FIRST NAME: _____ LAST NAME: _____	
ADDRESS: _____	
CITY/STATE/ZIP: _____	
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____	
EMAIL ADDRESS: _____	

FINAL PERMIT WILL NOT BE ISSUED WITHOUT COMPLETE REGISTRATION OF ALL CONTRACTORS

****PLEASE NOTE: THIS PERMIT WILL NOT BE ISSUED WITHOUT A 24 HOUR EMERGENCY NUMBER****

NAME: _____ 24 HOUR PHONE NUMBER: _____



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NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION, AND/OR TIMBER CONSTRUCTION IN RESIDENTIAL STRUCTURES
 (In accordance with Title 19 NYCRR PART 1265)

To: Village of Lake Success Department of Building, Safety Inspection & Enforcement

Section: _____ Block: _____ Lot: _____

STREET ADDRESS OF PERMIT ACTIVITY: _____

City: Great Neck **State:** NY **Zip:** 1102__

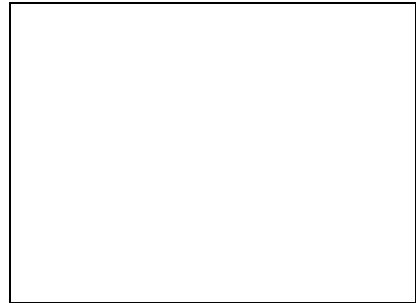
Permit #: _____

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE (CHECK ALL THAT APPLY):

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)



IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

Licensed Design Professional's
 Stamp must appear above here.

Signature of Design Professional: _____ Date: _____

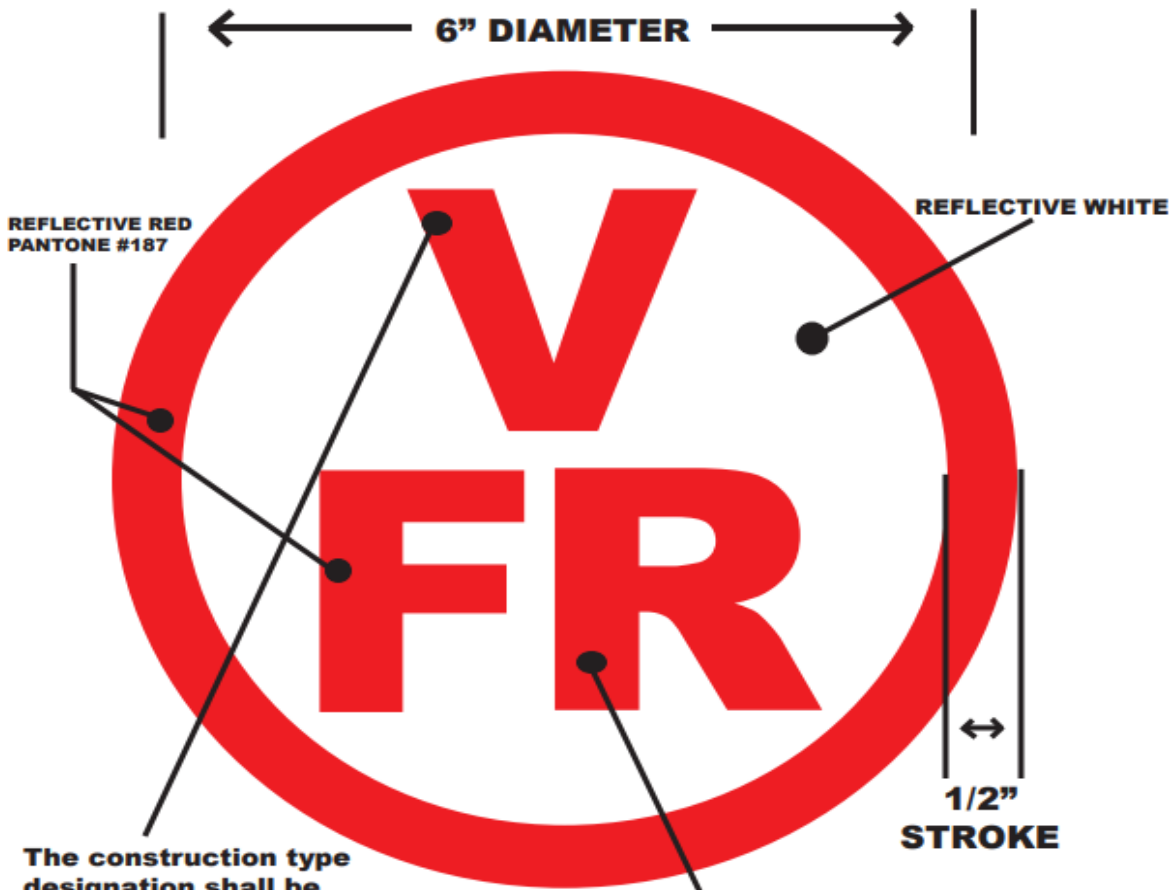
Print Name: _____

Please take notice that the proper symbol must be affixed to the electric meter box of a residential structure that has been constructed, added to or rehabilitated using truss type, pre-engineered wood or timber construction.

The property owner shall be responsible for maintaining the symbol and shall replace the symbol if it is removed, damaged, faded or worn.

VILLAGE OF LAKE SUCCESS DEPARTMENT OF BUILDINGS TRUSS TYPE CONSTRUCTION NOTICE

1. The property owner shall be responsible for maintaining the sign or symbol required by this Part and shall promptly replace any such sign or symbol that is affixed to an electric box when any change or modification is made to such electric box. The property owner shall promptly replace the sign or symbol required by this Part if such sign or symbol is removed or becomes damaged, faded, worn or otherwise less conspicuous to firefighters or other first responders responding to a fire or other emergency at the residential structure. The property owner shall keep the area in the vicinity of the sign or symbol required by this Part clear of all plants, vegetation, and other obstructions that may hide or obscure such sign or symbol or otherwise to be less conspicuous to firefighters or other first responders responding to a fire or other emergency at the residential structure.
2. The sign or symbol indicating the utilization of truss type construction pre-engineered wood construction and/or timber construction shall comply with the requirements of this subdivision.



The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING





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OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. The information provided on this permit application is true and correct. I understand that the Village of Lake Success will approve or deny a permit based on the information provided.
2. I agree to permit the Building Inspector and any officer or employee of the Village of Lake Success to enter upon the premises in the discharge of their duties with this application.
3. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
4. Building Inspector will be given a minimum of 48-hour notice to make the required inspection and no work will continue until such inspection has been completed and approved.
5. Owner or his representative will be responsible to arrange for all required inspections.

State of New York
 County of Nassau

Property Owner Name - Please Print

Property Owner deposes and says that he/she resides at _____

in the State of _____, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey Section _____ Block _____ Lot(s) _____ situated, lying and being within the Village of Lake Success; that I/we have read and understand the items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names the applicant listed on application as his or her representative to file this application.

Signature of Owner: _____

Sworn to me this _____ day of _____ 20_____

Signature of Notary Public _____

Stamp/Seal: