

Contractor 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 Village approval.

Please be advised

Construction can only be performed Monday thru Friday Between

8:00 AM & 5:00 PM

Construction work on Saturday, Sunday or Holidays is strictly prohibited.

Landscaper Garden Control Law

Landscaping work can only be performed Monday thru Friday

8:00 AM thru 5:00 PM

And Saturday 9:00 AM & 3 PM.

Landscaping work on Sunday or Holidays is strictly prohibited.

Contractor registration required documents

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

1. Contractor registration application (portal)
2. General Contractor Copy of NC Home Improvement License (Residential only).
3. Electrician, copy of License and renewal, Nassau or Suffolk Counties.
4. Plumber, copy of License and renewal, Nassau or Suffolk Counties.
5. Landscaper, Complete Landscaper Information sheet.
6. Contractors Insurance Certificates.

LANDSCAPE GARDEN CONTROL LAW
LANDSCAPER REGISTRATION APPLICATION

ALL LANDSCAPERS, GARDENERS AND GROUNDKEEPERS MUST BE REGISTERED WITH THE OFFICE OF THE VILLAGE CLERK, 318 LAKEVILLE ROAD, LAKE SUCCESS, NEW YORK, 516-482-4411.

- **FEE: \$100 for a two-year permit and includes two vehicle stickers. Additional stickers are \$15 each.**
- **READ AND ABIDE BY THE ATTACHED VILLAGE CODES ON LANDSCAPE GARDEN CONTROL AND NOISE.**
- **DO NOT BLOW LEAVES INTO THE STREET**
- **NO DUMPING ANYWHERE (LAND, WOODS, WATER, EMPTY LOTS) IN THIS VILLAGE.**
- **ALL MACHINERY AND CONTAINERS MUST SIT ON DROP CLOTHS AND OIL AND GAS MUST BE POURED FROM ONE CONTAINER TO ANOTHER OVER A DROP CLOTH.**
- **IT IS FORBIDDEN TO SPILL ANY OIL, GAS, FERTILIZER OR PESTICIDES ON THE STREET OR GROUND.**
- **DO NOT CUT DOWN ANY TREES WITHOUT A VILLAGE PERMIT.**
- **YOU ARE RESPONSIBLE FOR YOUR EMPLOYEES. TELL THEM THESE RULES. MAKE SURE THEY FOLLOW THE RULES.**
- **ALL VIOLATIONS ARE PUNISHABLE BY FINES. IF YOU DO NOT OBEY ALL THESE RULES, THE VILLAGE CAN REVOKE YOUR REGISTRATION.**
- **EVERY GARDENER'S TRUCK OR CAR MUST HAVE A VILLAGE OF LAKE SUCCESS REGISTRATION ON THE LEFT REAR BUMPER.**
- ***IF YOU SPRAY OR APPLY PESTICIDES, A SEPARATE PESTICIDE REGISTRATION MUST ALSO BE AFFIXED TO THE LEFT REAR BUMPER OF THE TRUCK OR CAR.***



INC. VILLAGE OF LAKE SUCCESS

318 Lakeville Road

Great Neck, NY 11020

(516) 482-4411

isoffice@villageoflakesuccess.com

CONTRACTOR REGISTRATION

GENERAL CONTRACTOR PLUMBER ELECTRICIAN LANDSCAPER

CONTRACTOR INFORMATION

COMPANY NAME: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

LICENSE INFORMATION

fill in where applicable

GENERAL CONTRACTOR NASSAU COUNTY HOME IMPROVEMENT LICENSE:

NUMBER: _____

DATE OF ISSUE: _____ EXPIRATION DATE: _____

ELECTRICIAN NASSAU COUNTY TOWN OF ISSUANCE: _____

NUMBER: _____

DATE OF ISSUE: _____ EXPIRATION DATE: _____

PLUMBER NASSAU COUNTY TOWN OF ISSUANCE: _____

NUMBER: _____

DATE OF ISSUE: _____ EXPIRATION DATE: _____

OFFICIAL USE ONLY

*All contractors registering must provide certificates of insurance
with the Village of Lake Success as the certificate holder.*

GENERAL LIABILITY EXPIRATION DATE: _____

DISABILITY EXPIRATION DATE: _____

WORKERS' COMPENSATION EXPIRATION DATE: _____



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

LANDSCAPER LICENSE APPLICATION

Valid _____ Date _____ Permit No. _____
 _____ # of stickers _____ pesticide/ no pesticide - Copy of pesticide cert _____

The undersigned does hereby apply for registration to perform landscaping services within the limits of the Incorporated Village of Lake Success.

Name of Company _____

Address _____

Telephone No. _____ Email Address: _____

Principal Owner or Owners _____

Date of Birth _____

Address _____

Telephone No. _____

New York State Drivers License No. _____

Dump Location _____

Dump License No. _____ Expiration date _____

Home Improvement License No. _____

INFORMATION on APPLICATION of PESTICIDES*MUST SUPPLY COPY OF CERTIFICATION

***New York State Department of Environmental Conservation Pesticide Application Certification Identification No. _____**

I do not apply Pesticides (please sign to acknowledge) _____

*List information below on all employees that will be working in the Village of Lake Success (include drivers' license numbers). *MUST BE COMPLETED**

Vehicle #1 Plate _____ Make _____ Year _____

Vehicle #2 Plate _____ Make _____ Year _____

Vehicle #3 Plate _____ Make _____ Year _____

Vehicle #4 Plate _____ Make _____ Year _____

Signature of Applicant



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INSURANCE REQUIREMENTS FOR ALL APPLICATIONS

1. If work is being performed by a contractor, the contractor must provide insurance indemnifying the Village and must provide the following: (See Insurance Requirements for Construction Operations for monetary requirements)
 - A. New York State Worker's Compensation Form C-105.2 (9/15), or U-26.3 If Exemption is applicable then utilize form CE-200 (12/08) and copy of home owner's insurance declaration page is required.
 - B. Certificate of Insurance Coverage under the NYS Disability and Paid Family Leave Benefits Law; form DB-120.1
 - C. Certificate of Liability Insurance (Accord). Please note the Accord form shall ONLY be accepted for Liability insurance. NO other type of insurance is acceptable on ACCORD form.

2. Under Certificate Holder for **ALL** insurances, it should state the following:

Village of Lake Success
318 Lakeville Road
Great Neck, NY 11020

3. Under additional insured, should state the following:

"The Village of Lake Success is listed as additional insured"

4. For demolition: NYS WORKERS' COMPENSATION FORM MUST BE "SITE SPECIFIC".



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INSURANCE REQUIREMENTS FOR CONSTRUCTION OPERATIONS

Workers Compensation Coverage

Extensions

Notice of Cancellation

Evidence

Disability (DB-120)

Notice of Cancellation

Evidence

Comprehensive Liability

Coverage

Limits

Notice of Cancellation

Additional Insured

volunteers

Evidence

additional

Owners Protective

Coverage

Limits

Premium Payment

Policy Period

Notice of Cancellation

Evidence

Statutory

Voluntary compensation

All states, coverage employers

Employee's liability-unlimited

30 Days

Certificate of Insurance

30 Days

Certificate of Insurance

Occurrence-1988 ISO or equivalent

General Aggregate \$2,000,000.00

Products- Com/Ops/Aggregate

\$1,000,000.00 Pers. & Advert. Injury

\$1,000,000.00

Each Occurrence \$1,000,000.00

Fire Damage (any one fire) \$ 50,000.00

Medical Exp. (any one person) \$ 5,000.00

30 Days

Inc. Village of Lake Success, all elected and

appointed officials, employees and

using ISO Form CG2010 (B) or equivalent.

Certificate of insurance and copy of

insured endorsement

Occurrence

Minimum limit-\$1,000,000.00 CSL

Responsibility of Contractor

Start of project and until project is
accepted as completed by owner

30 Days

1) Certificate of Insurance

2) Copy of Binder

3) Copy of original policy to be delivered
within 45 days of start of project