



Village of Nyack

Incorporated February 27, 1883



Asst. Building Inspector
Paul Rozsypal
Fire Inspector
David Smith
Code Enforcement Officers
Richard J. Siddi
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BUILDING DEPARTMENT
9 North Broadway
Nyack, New York 10960-2697
(845) 358 - 4249 / FAX: (845) 358 - 0672
www.nyack-ny.gov buildingdepartment@nyack-ny.gov

MANNY A. CARMONA
Chief Building Inspector

BUILDING PERMIT APPLICATION

Form Revised 11/07/2024

BUILDING PERMIT # _____

APPLICATION SHALL BE COMPLETED IN ITS ENTIRETY OR WILL BE REJECTED
PRINT CLEARLY

1. PROPERTY INFORMATION

Street Address	<input type="checkbox"/> Apt. # _____ <input type="checkbox"/> Vacant Land	Sec./Block/Lot #: _____	Work Area Sq. ft. _____	Construction Cost _____
Zoning District: <input type="checkbox"/> SFR-1 <input type="checkbox"/> SFR-2 <input type="checkbox"/> MFR-1 <input type="checkbox"/> MFR-2 <input type="checkbox"/> MFR-3 <input type="checkbox"/> TFR <input type="checkbox"/> DMU-1 <input type="checkbox"/> DMU-2 <input type="checkbox"/> RMU <input type="checkbox"/> OMU <input type="checkbox"/> CC <input type="checkbox"/> WF <input type="checkbox"/> M <input type="checkbox"/> H				
BUILDING		EXISTING CONDITIONS		ADDING NEW
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed		_____ Residential Units _____ Commercial Units		___ Res ___ Com <input type="checkbox"/> None
////////// Number of Stories		_____		___ floor(s) <input type="checkbox"/> None
////////// Building Type of Construction		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/> B		
////////// Living Area Sq. ft.		_____		_____ Sq. ft.
////////// Commercial Sq. ft.		Bldg. Total _____ Your Space _____		___ Bldg ___ Space <input type="checkbox"/> None
////////// Basement Area Sq. ft.		<input type="checkbox"/> Finished _____ <input type="checkbox"/> Unfinished _____		_____
////////// Attic Area Sq. ft.		<input type="checkbox"/> Finished _____ <input type="checkbox"/> Unfinished _____		_____
////////// Unfinished Space other Sq. ft.		<input type="checkbox"/> Storage _____ <input type="checkbox"/> Crawl Space _____ <input type="checkbox"/> None		_____ <input type="checkbox"/> None
////////// Bedrooms (#)		_____		<input type="checkbox"/> None
////////// Full Baths (#)		_____		<input type="checkbox"/> None
////////// Partial Baths (#)		_____		<input type="checkbox"/> None
////////// Flood Zone		<input type="checkbox"/> NO Base Flood Elevation _____ ft.		<input type="checkbox"/> None
////////// Fence		<input type="checkbox"/> Yes <input type="checkbox"/> NO		<input type="checkbox"/> None
////////// Shed sq. ft.		<input type="checkbox"/> Yes <input type="checkbox"/> NO _____ Sq. ft.		<input type="checkbox"/> None
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub		<input type="checkbox"/> Above-Ground <input type="checkbox"/> In-Ground <input type="checkbox"/> NO		<input type="checkbox"/> None
////////// Solar Energy System		<input type="checkbox"/> Yes <input type="checkbox"/> NO		<input type="checkbox"/> None
////////// Generator		<input type="checkbox"/> Yes <input type="checkbox"/> NO _____ KW		<input type="checkbox"/> None

2. PROPERTY LEGAL OWNER INFORMATION

Complete Legal Name:	
First, Last Name and Title:	
Street Address:	City: State & Zip Code:
Phone #:	E-Mail:

3. SCOPE OF WORK

Description of Proposed Work: _____ _____ _____ _____
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4. TYPE OF PERMIT

5. OCCUPANCY CLASSIFICATION

<p><input type="checkbox"/> ADDITION</p> <p><input type="checkbox"/> ALTERATION LEVEL_____</p> <p><input type="checkbox"/> AWNING</p> <p><input type="checkbox"/> CHANGE OF USE</p> <p><input type="checkbox"/> CRANE</p> <p><input type="checkbox"/> DECK</p> <p><input type="checkbox"/> DEMOLITION</p> <p><input type="checkbox"/> Structure <input type="checkbox"/> Interior</p> <p><input type="checkbox"/> ELECTRICAL</p> <p><input type="checkbox"/> ELECTRIC CAR CHARGER</p> <p><input type="checkbox"/> ELECTRIC SERVICE UPGRADE</p> <p><input type="checkbox"/> FENCE</p> <p><input type="checkbox"/> FIRE ALARM SYSTEM</p> <p><input type="checkbox"/> FOUNDATION ONLY</p> <p><input type="checkbox"/> GENERATOR</p> <p><input type="checkbox"/> LIFT</p> <p><input type="checkbox"/> MECHANICAL EQUIPMENT</p> <p><input type="checkbox"/> NEW CONSTRUCTION</p> <p><input type="checkbox"/> PLUMBING <input type="checkbox"/> PIPING</p> <p><input type="checkbox"/> FIXTURE <input type="checkbox"/> FIRE SPRK</p> <p><input type="checkbox"/> OUTDOOR DINING</p> <p><input type="checkbox"/> REPAIR/REPLACEMENT</p> <p><input type="checkbox"/> RETAINING WALL</p> <p><input type="checkbox"/> RE-ROOFING <input type="checkbox"/> 2ND LAYER</p> <p><input type="checkbox"/> SCAFFOLD</p> <p><input type="checkbox"/> SHED</p> <p><input type="checkbox"/> SIDING</p> <p><input type="checkbox"/> SIDEWALK_____L.F.</p> <p><input type="checkbox"/> SIDEWALK</p> <p><input type="checkbox"/> CAFE <input type="checkbox"/> VENDING</p> <p><input type="checkbox"/> SIGN</p> <p><input type="checkbox"/> ERECTING <input type="checkbox"/> MOVING</p> <p><input type="checkbox"/> ENLARGEMENT <input type="checkbox"/> REDESIGN</p> <p><input type="checkbox"/> RECONSTRUCTION</p> <p><input type="checkbox"/> Awning <input type="checkbox"/> Directional</p> <p><input type="checkbox"/> Flag <input type="checkbox"/> Freestanding</p> <p><input type="checkbox"/> Gas Station <input type="checkbox"/> Projecting</p> <p><input type="checkbox"/> Temporary <input type="checkbox"/> Wall (Flat)</p> <p><input type="checkbox"/> Window</p> <p><input type="checkbox"/> 1st fl. <input type="checkbox"/> 2nd fl.</p> <p><input type="checkbox"/> SOLAR ENERGY SYSTEM</p> <p><input type="checkbox"/> Roof <input type="checkbox"/> Ground Mounted</p> <p><input type="checkbox"/> Building Integrated</p> <p><input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> HOT TUB</p> <p><input type="checkbox"/> SPA <input type="checkbox"/> In <input type="checkbox"/> Above ground</p> <p><input type="checkbox"/> TANK</p> <p><input type="checkbox"/> ABNT <input type="checkbox"/> REMVL <input type="checkbox"/> INST</p> <p><input type="checkbox"/> TELECOMM. FACILITY</p> <p><input type="checkbox"/> ALT. <input type="checkbox"/> CO-LOC. <input type="checkbox"/> NEW</p> <p><input type="checkbox"/> TREE</p> <p><input type="checkbox"/> WINDOW REPLACEMENT</p> <p><input type="checkbox"/> OTHER_____</p>	<p>ASSEMBLY (A)) ≥ 50 persons</p> <p><input type="checkbox"/> Bar/Taverns (A-2)</p> <p><input type="checkbox"/> Restaurant (A-2)</p> <p><input type="checkbox"/> Art Gallery (A-3)</p> <p><input type="checkbox"/> Dance Hall (A-3)</p> <p><input type="checkbox"/> Funeral Parlor (A-3)</p> <p><input type="checkbox"/> Religious Worship (A-3)</p> <p><input type="checkbox"/> Community Hall (A-3)</p> <p><input type="checkbox"/> Courtroom (A-3)</p> <p><input type="checkbox"/> Indoor Swimming Pool (A-3)</p> <p><input type="checkbox"/> Library (A-3)</p> <p><input type="checkbox"/> _____ (A-3)</p>	<p>FACTORY (F)</p> <p><input type="checkbox"/> Moderate-Hazard (F-1)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Low-Hazard (F-2)</p> <p><input type="checkbox"/> _____</p>	<p>RESIDENTIAL (R)</p> <p><input type="checkbox"/> (R-1) Hotel, Motel_____Units</p> <p><input type="checkbox"/> (R-2) Apt. House_____Units</p> <p><input type="checkbox"/> (R-2) Boarding House (NT) _____</p> <p><input type="checkbox"/> (R-2) Dormitory _____Units</p> <p><input type="checkbox"/> (R-2) Live/Work Units</p> <p><input type="checkbox"/> (R-3) Attached <input type="checkbox"/>One <input type="checkbox"/>Two Family;</p> <p><input type="checkbox"/> Day Care Facility ≤ 5 Children</p> <p><input type="checkbox"/> Manufactured Home</p> <p><input type="checkbox"/> One Family Detached</p> <p><input type="checkbox"/> Two Family Detached</p> <p><input type="checkbox"/> Townhouse</p>
<p>BUSINESS (B)</p> <p><input type="checkbox"/> Animal Hospital</p> <p><input type="checkbox"/> Assembly < 50 Person /750 sf</p> <p><input type="checkbox"/> Banks</p> <p><input type="checkbox"/> Barber & Beauty Shop</p> <p><input type="checkbox"/> Car wash</p> <p><input type="checkbox"/> Clinic, Outpatient</p> <p><input type="checkbox"/> Dry Cleaning & Laundries</p> <p><input type="checkbox"/> Education > 12 grade</p> <p><input type="checkbox"/> Print Shop</p> <p><input type="checkbox"/> Professional Services</p> <p><input type="checkbox"/> Training/Skill Development</p>	<p>INSTITUTIONAL (I)</p> <p><input type="checkbox"/> Assisted Living Facility (I-1)</p> <p><input type="checkbox"/> Congregate Care Facility (I-1)</p> <p><input type="checkbox"/> Group Home (I-1)</p> <p><input type="checkbox"/> Hospitals (I-2)</p> <p><input type="checkbox"/> Nursing Home (I-2)</p> <p><input type="checkbox"/> Adult Day Care (I-4)</p> <p><input type="checkbox"/> Child Day Care (I-4)</p>	<p>STORAGE</p> <p><input type="checkbox"/> Moderate Hazard (S-1)</p> <p><input type="checkbox"/> Motor Vehicle Repair Garage</p> <p><input type="checkbox"/> Resilient Flooring</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Low-Hazard (S-2)</p> <p><input type="checkbox"/> _____</p>	<p>EDUCATIONAL (E)</p> <p><input type="checkbox"/> Grades 1 – 12</p> <p><input type="checkbox"/> > 5 children & > 2 ½ yrs. (Day Care Facility)</p> <p>MERCANTILE (M)</p> <p><input type="checkbox"/> Drug stores</p> <p><input type="checkbox"/> Greenhouse (sale of plants)</p> <p><input type="checkbox"/> Markets</p> <p><input type="checkbox"/> Motor Fuel-Dispensing Facility</p> <p><input type="checkbox"/> Retail or Wholesale Store</p> <p><input type="checkbox"/> Sales Room</p> <p>UTILITY & MISC. (U)</p> <p><input type="checkbox"/> Barns <input type="checkbox"/> Tanks</p> <p><input type="checkbox"/> Carports <input type="checkbox"/> Towers</p> <p><input type="checkbox"/> Fences > 6’ high</p> <p><input type="checkbox"/> Private Garages</p> <p><input type="checkbox"/> Retaining Walls</p> <p><input type="checkbox"/> Sheds</p> <p>In addition to the Liability Insurance Certificate required by the Village of Nyack, New York State Law requires contractors to maintain Worker’s Compensation and Disability & family leave Insurance for their employees.</p> <p>Certificate of Liability Insurance shall be provided on the “ACORD” form.</p> <p>Certificate Holder: Village of Nyack</p> <p>9 N. Broadway</p> <p>Nyack, NY 10960</p> <p>Description of Operation/Location: Provide complete job address</p> <p>Certificate of Worker’s Compensation and Certificate of Disability/Paid Family Leave shall be provided separately on the NYS form.</p> <p>No permit will be issued unless valid Insurance certificates with the project address and the Village of Nyack as the certificate holder, are attached to this application.</p> <p>If the contractor believes they are exempt from the requirements to provide Worker’s Compensation and Disability & family leave Benefits,</p> <p style="text-align: center;">the contractor shall complete NYS form CE-200 online @:</p> <p style="text-align: center;">https://www.businessexpress.ny.gov</p>

IMPORTANT NOTICES: READ BEFORE SIGNING

Work conducted pursuant to a building permit shall be visually inspected by the Code Official and shall conform to the New York State Uniform Fire Prevention and Building Codes, the Code of Ordinances of the Village of Nyack, all other applicable codes, rules and regulations, and shall be performed in accordance with the construction documents which were submitted and approved as part of the application for the building permit. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material and lead paint.

6. CONTRACTORS INFORMATION

	NAME & ADDRESS	PHONE # & E-MAIL	LICENSE #	RC/NYS
Applicant or (<input type="checkbox"/> Owner)				
Architect				
<input type="checkbox"/> Engineer <input type="checkbox"/> PLLS				
General Contractor			RC	NYS
Plumber				
Mechanical				
Electrician				
Fire Sprinkler Company				
Fire Alarm Company				
Arborist				
Sign Company				
Special Inspector				

7. ZONING PLAN EVALUATION (Planning and/or Zoning Board Projects ONLY) OR N/A

SETBACKS	ZONING DISTRICT REQUIREMENTS	EXISTING DEMINSIONS	PROPOSED
Lot Area sq. ft.			
Lot Width ft.			
Street Frontage			
Lot Depth ft.			
Front Yard ft.			
Side Yard ft.			
Both Side Yards ft.			
Rear Yard ft.			
Building Height (Story)			
Building Height (feet)			
Max. Building Length ft.			
Max. Floor Area Ratio			
Min. Usable Open Space/D.U.			
Max. Density (D.U./Acre)			
Min. Dwelling Unit Size sq. ft.			
Off-Street Parking/D.U.			
ACCESSORY BUILDINGS ONLY			
Front Setback ft.	25 (if bldg. Over 80 sq. ft.)		
Side and Rear Setback ft.	3		
Distance From Principal Bldg. ft.	5 (if Detached)		
Building Height (Story)	1		
Building Height (feet)	12 (To the Peak/Roof High Point)		
Max. Building Coverage (Lot)	7%		
Max. Building Coverage (Side & Rear Yard)	30%		

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official shall have the authority to enter the premises covered by such permit at any reasonable hour to enforce the provisions of the code applicable to such permit under this jurisdiction Part 1203-complaint code enforcement program.

 PRINT/SIGN NAME OWNER AGENT

PLEDGED to before me this
 ____ day of _____, 20____

 Notary Public

8. PROJECT DOCUMENTS (Completed by Bldg. Dept.)

TYPE OF DOCUMENT	SUBMITTED			ORIGINAL DATE	REVISION DATE
<input type="checkbox"/> Site Plan <input type="checkbox"/> Survey <input type="checkbox"/> Sketch	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
<input type="checkbox"/> Architectural Drawings <input type="checkbox"/> Sketch	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Fire Sprinkler Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Fire Alarm System Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
<input type="checkbox"/> ARB <input type="checkbox"/> Planning <input type="checkbox"/> Zoning <input type="checkbox"/> Village	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Town of Orangetown Sewer Dept.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
RC Dept. of Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
911 Data Enhancement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Orange & Rockland Utilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Nyack Water Department	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Nyack Fire Dept.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Special Inspections	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Job Specifications	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
<input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Report	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
<input type="checkbox"/> Liability <input type="checkbox"/> Disability <input type="checkbox"/> Worker's Comp	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		

9. VALIDATION (Completed by Bldg. Dept.)

APPLICATION # _____ DATE FILED: _____

Permit Approved for: _____

Date Reviewed: _____ Date Issued: _____ Date Expires: _____

Permit Disapproved on _____ for: Incompleteness Violation _____

Referral: ARB _____ PB _____ ZBA _____ BOT _____
 Approved Disapproved Approved Disapproved Approved Disapproved Approved Disapproved

Withdrawn (refund 25% or \$100, whichever is greater) \$ _____ Date: _____

Application Fee: \$ _____ Receipt #/Date: _____ Permit Fee: \$ _____

C of O C of C Fee: \$ _____ Stop-Work Fee: \$ _____ Legalization of Work Fee: \$ _____

_____ Sq. ft. X \$ _____ / Sq. ft. X .0117 = \$ _____
 (Finished)

_____ Sq. ft. X \$ _____ / Sq. ft. X .0117 = \$ _____
 (Unfinished)

Other Fees: _____

Check # _____
 Card (trans #) _____
 Cash

Total Fees: \$ _____ Minus Application Fee \$ _____ Balance Due _____

Receipt #/Date: _____

I have examined this application, plans and plot plans that are part of this application and find that they are substantially in compliance with the Codes of the Village of Nyack and the New York State Uniform Fire Prevention and Building Codes, and approve the same for issuance of a building permit.

 MANNY A. CARMONA
 Chief Building Inspector

 Date

THE BUILDING PERMIT PLACARD SHALL BE DISPLAYED SO AS TO BE VISIBLE FROM THE STREET.

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION NOR ORDER CONCRETE WITHOUT APPROVAL FROM THE CODE OFFICIAL. ANY FIELD CHANGE SHALL BE APPROVED IN WRITING BY THE CHIEF BUILDING INSPECTOR OR DESIGNEE PRIOR TO MAKING SUCH CHANGE.

THE PROPOSED CONSTRUCTION WORK AREA SHALL NOT BE OCCUPIED OR USED UNTIL A CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLIANCE HAS BEEN ISSUED BY THE CHIEF BUILDING INSPECTOR.

REQUIRED INSPECTIONS OF CONSTRUCTION
(You shall call in advance for applicable inspections 845-358-4249)
MONDAY - FRIDAY 9:30 AM – 4:30 PM
INSPECTIONS FEE AFTER FAILURE TO PASS 1ST RE-INSPECTION - \$100 2nd \$200

- Field Inspection** – (prior to the issuance of a Building Permit) Inspected on: _____
- Footing Forms** – (before ordering concrete) When excavation is completed, forms and re-bars are in place, shall have surveyor’s mark-out for front, rear and side yard. _____
- Foundation Wall** – (before ordering concrete) When forms and re-bars are in place, shall mark-out finished first floor elevation. _____
- Plumbing Under Slab** – (before connecting to Sewer Main) When sand, pipes and straps are in place, shall pressurize pipes with water or air. _____
- Preparation for Concrete Slab** – (before ordering concrete) When gravel, vapor barrier, wire mesh and perimeter insulation (if applicable) are in place. _____
- Foundation Backfill** – When footing drains, waterproofing, wall bracing and insulation (as may be applicable) are in place. _____
- Sewer Connection** – Call Town of Orangetown (845-359-6502) for inspection. (Shall provide report/approval to Building Department). _____
- Framing to include: Rough Plumbing, Fire Sprinkler Roughing, Electrical Roughing, Fire Alarm Roughing, Pressure Test, Fire-blocking, Penetrations Sealing and Fire-Resistant Construction** – All shall be completed, plumbing pipes (water, waste & gas) shall be pressurized, all nail plates and metal straps shall be installed, electrical roughing under writer certificate shall be provided.
- Roof Ice and Water Shield** – Prior to installing shingles. _____
- Energy Code Compliance** – Applicable checklist will be attached upon permit approval. _____
- Manufactured Home Installer’s Warranty Seal** – In accordance with 19 NYCRR Section 1210.16
- Final** – Certificate of Compliance/Occupancy. When you have completed the “**Application for final inspection & certificate of occupancy**” (provided by the Building Dept).
When the proposed work requires a C of O, a new C of O shall be issued for the entire building, not just the work space. The entire building shall be inspected to document the building configuration and for applicable code compliance under this jurisdiction Part 1203-complaint code enforcement program.
- Fire Safety During Construction Plan – (Multiple Dwellings and Commercial Buildings)**
For safeguards during construction and demolition _____

I agree that all of the above indicated inspections shall be conducted by the Building Dept and that the premises shall be made accessible to the inspector to conduct all inspections.

PRINT NAME OWNER AGENT

SIGNATURE

DATE