

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: _____

DESCRIPTION OF WORK: _____

OWNER'S AUTHORIZATION FORM MUST BE INCLUDED WITH ALL MECHANICAL PERMIT APPLICATIONS

[illegible]



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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
- 9 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

NBHDF (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)		M.E.S.W. SIDE OF	
ADDRESS OF PROPERTY				Check one <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	NAME OF BUSINESS
CITY, TOWN, VILLAGE Lake Success		ZIP			CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:					ADDRESS
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	CITY, STATE, ZIP
PERMIT EXP DATE		<input type="checkbox"/> STEEL			PHONE
LOT SIZE S.F.		<input type="checkbox"/> MASONRY			EMAIL
# BLDGS ON LOT		<input type="checkbox"/> FRAME			
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"/> 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 _____					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"/>
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					
FIELD REPORT ON REVERSE			Address of Applicant/Contact Person _____		Telephone _____

TOWN

SCHOOL DISTRICT

SECTION

BLOCK

LOT(S)

CA # OR BLDG #

UNIT #

DATE _____



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CONTRACTORS AND DESIGN PROFESSIONAL INFORMATION

CONTRACTOR INFORMATION

☐ 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: _____

ELECTRICIAN INFORMATION

☐ 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: _____

PLUMBER/HVAC INFORMATION

☐ TO BE DETERMINED

COMPANY NAME: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

DESIGN PROFESSIONAL

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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DESIGN PROFESSIONAL'S CERTIFICATE OF COMPLIANCE

WITH THE INCORPORATED VILLAGE OF LAKE SUCCESS DEPARTMENT OF BUILDINGS RULES AND REGULATION, AND THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE, (TITLE 19).

DATE: _____

DESIGN PROFESSIONAL'S NAME: _____

ADDRESS: _____

LICENSED IN THE STATE OF NEW YORK, NUMBER: _____

To: Inc. Village of Lake Success Department of Buildings,

Project Scope: _____ Permit Number: _____

I, _____ on behalf of the owner(s) of the premises,
(NAME OF REGISTERED ARCHITECT/ENGINEER)

known as _____ Section: _____ Block: _____ Lot(s) _____,
in the hamlet of _____ submit the attached plans for your review and ultimate issuance
of a Building Permit for the project referenced above.

I, _____, License No. _____ certify
(NAME OF REGISTERED ARCHITECT/ENGINEER)

That I am a Registered Architect/Engineer, duly licensed to practice on the State of New York and that I am regularly engaged in the practice of architecture/engineering. I hereby certify that the work indicated on the plans submitted with this application conforms to all the applicable requirements of the Incorporated Village of Lake Success Department of Buildings and the New York State Uniform Fire Prevention and Building Code, (NYCRR Title 19), (also known as the International Codes with Supplement adopted by New York State) and compliance with New York State Energy Code.

Signature: _____

Date: _____

ARCHITECT'S/ENGINEER'S SEAL



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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: _____

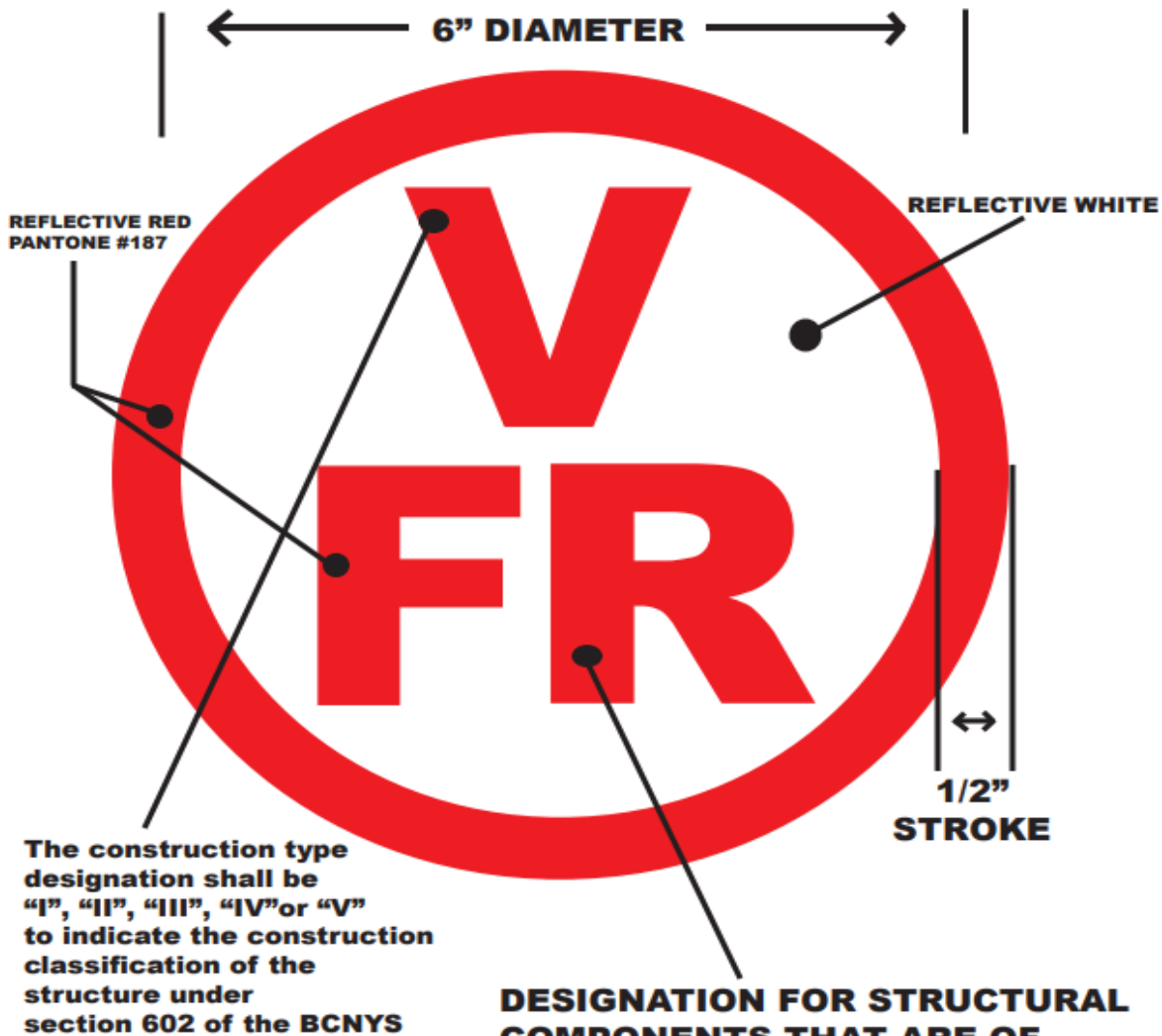
Print Name: _____

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.



"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: