Revised 5/2021			Permit No:	
Village Kings <sup>9</sup> Point	B U I L D I N G P E T I T I O N	DEPARTMI FOR CURB	ENT CROSS PERM	ΙT
Property Location:				
Section:, B	lock:	, Lot(s):		
Petition for permit under Village C The undersigned does hereby petit			or the following purpose:	
The duration of the permit sought	is:			(0-12 months)
Owner Name:				
Address:				
Home Phone:		Mobile Phone:		
Business Phone:		Email:		
If applicant sign:			_Date:	
Contractor Company Name:				
Contractor Company Address:				
Business Phone:		Mobile Phone:		
Fax:		Email:		
If applicant sign:			_Date:	
Fees:				

\$100.00 Application Fee: For repaying of existing driveway or masonry surface; exact replacement-no enlargement in size. \$100.00 Application Fee: For dumpsters used in roof replacement, window replacement, maintenance, repairs, clean up, etc. \$2000.00 Deposit: Deposits require a separate check from fees and are refundable after road shoulders are found in good repair by the Highway Department.

All fees and deposits must be paid by check. Checks are made payable to: Village of Kings Point.

A Curb Cross Fee and Deposit is not required on private roads. Driveway repairs/construction on properties with multiple driveway openings requires separate \$2000 deposits for each driveway opening. Applications that are incomplete will not be accepted or temporarily held by the Building Department. It is the responsibility of the property owner to ensure that this permit is closed out by notifying the Village upon completion of work for final inspections and to begin closure procedures. All contractors must submit copies of a valid Nassau County Consumer Affairs license, liability, disability, and worker's comp insurance. Village of Kings Point must be certificate holder. NYS insurance forms are required for disability and comp. When this application is stamped approved it becomes the Curb Cross Permit.

	-D	o n	ot w	rite	be	lov	v tł	nis	line	e
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Date Received:	
Curb Cross Fee:	
Curb Cross Dep:	
Total:	
Date of Approval:	
Date of Expiration:	
Issued By:	

Not Valid Unless Stamped Approved and Signed Here by Village

VILLAGE OF KINGS POINT 32 STEPPINGSTONE LANE, KINGS POINT, NEW YORK 11024 516-504-1000

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			Claim	
Village of Kings Point		CLAIM	Check #	
32 Steppingstone Lane			Payee	
Kings Point, New York 11024	Claimant's		Acct. #	
	Invoice No.		Amount	
	_		Acct. #	
			Amount	
Pay to:			Acct. #	
			Amount	
Street and Number:			Acct. #	
			Amount	
City, State:				

DATE OF DELIVERY OR SERVICE	ITEMIZATION	UNITS	PRICE	TOTALS
	• •	-	TOTAL AMT	

I HEREBY CERTIFY the above articles were sold and delivered and / or the above service rendered to the Village of Kings Point on the dates and for the prices or amounts billed; that the above bill is just, true and correct; that no part thereof has been paid except as stated therein and that the balance therein is actually due and owing and that taxes from which the Village of Kings Point is exempt are excluded therefrom.

Signature		(Title)	
Date		(Name of Company)	
Tax I.D. #	Social Security #		
	APPROVE this claim for services rendered and disbursed other expenses as herein indicated, which were for the		terials,
Date	Name	Title	Appropriation