



*Village of
Kings Point*

**BUILDING DEPARTMENT
APPLICATION FOR MECHANICAL PERMIT**

Property Location: _____

Section: _____, Block: _____, Lot(s): _____ FIRM Zone: _____

Application is hereby made to the Building Department of the Village of Kings Point for approval of the work stated in this application and as shown in the drawings and specifications herewith submitted.

State proposed work: _____

Number of appliances: _____ Estimated Construction Cost: _____

Select fuel source of the proposed mechanical appliance(s):

☐ Natural Gas ☐ Oil ☐ Liquid Propane ☐ Wood ☐ Electric ☐ Other

Select type of proposed mechanical appliance(s):

☐ Boiler ☐ Burner ☐ Furnace ☐ Fuel Storage Tank ☐ Hot Water Heater ☐ Generator
☐ A/C ☐ Oil Tank ☐ Fireplace ☐ Stove ☐ Dryer ☐ Pool Heater ☐ Other

Name of Owner (print name): _____ Being duly sworn deposes and says that he/she is the owner of the property known as (property location): _____

That all statements made in this application are true to the best of his/her knowledge and belief. In consideration of the granting of the permit requested and approval of drawings, the owner has read and agrees to all requirements of each page of this application as applicable, agrees to comply with all regulations of New York State Building Code, Village of Kings Point Code, all deed restrictions, and with every other provision of law in effect relating to the construction/repair/alteration of said building/structure and the requirements of all agencies having jurisdiction. The owner hereby grants permission to representatives of the Building Department to enter upon and into the premises at any and all reasonable times for the purposes of inspecting work in progress, determining compliance with filed drawings, and with all other applicable laws. This permission shall remain valid until a Certificate of Completion is duly issued. The property owner accepts full responsibility for closing out the permit in a timely manner. All permits that expire require annual extension fees to be paid prior to the issuance of a certificate of completion. Extension fees will be deducted from the deposit paid for this application until the deposit is exhausted. Fees and deposits can be found in Village Code section A162-1. **Once approved this permit is valid for 2 years.**

Sworn to before me this _____ day of _____ 20____

Notary Public Signature

Signature of Owner

Notary Seal:

Owner Mailing Address: _____

Telephone: _____ Mobile: _____ Fax: _____ Email: _____

Plumber of Record: _____

Mailing Address: _____

Telephone: _____ Mobile: _____ Fax: _____ Email: _____

Electrician of Record: _____

Mailing Address: _____

Telephone: _____ Mobile: _____ Fax: _____ Email: _____

One original application must be completely filled out, signed, notarized, initialed, and submitted with all required drawings & supporting documents in **triplicate**, along with all required fees and deposits in order to be accepted by the Building Department. Incomplete applications will not be accepted or held. No construction work may begin until this permit has been approved. This application becomes the Building Permit when approved by the Building Inspector.

Do not write below this line

Date Received: _____

Bldg. App. Fee: _____

Curb Cross Fee: _____

Curb Cross Dep: _____

Total: _____

Date of Approval: _____

Date of Expiration: _____

Not Valid Unless Stamped Approved and Signed Here by Village

Building Department Construction and Inspection Requirements:

1. All construction must be in accordance with the New York State Building Code.
2. All construction must be in accordance with the Village of Kings Point Code.
3. No oversight, error, or omission by the Building Department shall legalize the construction or use of any structure that does not conform to the requirements of the Village of Kings Point Code & the New York State Building Code.
4. A Certificate of Completion is required before use of a permitted appliance/system/structure is allowed.
5. Building Permits are issued conditionally pending compliance with Building Department comments noted on the drawings in red.
6. All construction must be located on the subject property and must be shown on a survey prepared by a licensed land surveyor as a requirement for a certificate of completion/occupancy.
7. Electrical, gas, and water pipe locations must be flagged or staked prior to excavation of any type.
8. Electrical Contractor shall submit certification of approval by a certified electrical inspection agency that is approved by the Village of Kings Point Trustees which covers all electrical work in connection with this permit. All electrical work shall comply with N.Y. State Building Code.
9. All work on structures built before 1978 performed by any type of contractor which disturbs more than six (6) sq.ft. of lead paint must comply with the Environmental Protection Agency's Renovation, Repair, & Painting Rule as detailed in Code of Federal Regulations 40CFR Part 745.
10. The remediation of any present asbestos must comply with all applicable laws.
11. The remediation of any present radon must comply with all applicable laws.
12. Smoke and Carbon Monoxide Alarms MUST be upgraded for ALL applicable permits as required by NYS Building Code. See attached sheet for Smoke and Carbon Monoxide Alarm installation requirements.
13. The abandonment and/or removal of any oil tank(s) require the abatement/demolition contractor to submit a notarized affidavit certifying abandonment/removal compliance in accordance with Nassau County Department of Health Rules and Regulations.
14. The approved building permit must be posted in a conspicuous place and be clearly visible from the street.
15. The original approved building permit plans must be available at the site for review by the Building Department personnel at all times. All inspections will be denied unless the approved building permit plans are made available to the Building Inspector.
16. Open excavations must be completely protected by temporary 4-foot tall orange safety fencing or 4-foot wooden snow fencing to be maintained at all times. All excavations must be protected from cave-in in accordance with all applicable laws.
17. Clear access to the site must be maintained at all times for fire & emergency vehicles. Construction related parking and traffic shall not block any roadways, damage any property or right of ways, track mud and debris off the subject property, or create any hazard or nuisance.
18. Tracked heavy machinery is not permitted on any road in the Village.
19. The spread of all dust created by construction/demolition shall be contained/eliminated by all required means necessary as per all applicable laws.
20. Installations of corrugated stainless steel tubing (CSST) must be grounded and bonded in accordance with applicable codes. Inspection of the installation must be shown on an approved electrical inspection certification performed by a Village approved agency.
21. All exterior mechanical appliances must be installed up against the building with sufficient room to maintain clearances as required by Building Code and the manufacturer; and be effectively screened from view of all surrounding properties by 4ft min. height evergreen plantings. No appliances to be near property lines, in the middle of a yard, or more than 5'-0" from the dwelling.
22. Portable liquid propane tanks may not be stored anywhere on the property and may not be used anywhere on or inside the building at any time without written authorization from the Nassau County Fire Marshal.
23. Any change in the standing of the architect/engineer of record, general contractor, plumber, or electrician must be indicated to the Building Department in writing. Failure to do so will result in a Stop Work Order.
24. The owner is responsible for notifying all of his/her contractors, tradesmen, and registered professionals of all the terms and conditions stated in this permit application.
25. The following prohibitions on construction work times are in effect:
Construction, demolition, pile driving, or excavation involving the use of trucks and/or heavy earth moving equipment attended by loud disturbing noise:

Monday through Friday: 8:00am to 4:00pm	Sunday: NOT PERMITTED
Saturday: NOT PERMITTED	Legal Holidays: NOT PERMITTED

 Construction, demolition, alteration, or repairs involving the use of tools and equipment attended by loud disturbing noise:

Monday through Friday: 8:00am to 6:00pm	Sunday: NOT PERMITTED
Saturday: NOT PERMITTED	Legal Holidays: NOT PERMITTED
26. Changes to the approved building permit must first be documented with revised drawings & filed for approval on a permit amendment before construction can take place.
27. No new structures, systems, appliances, or changes to approvals shall be built without Building Department review, approval, & inspections.
28. At the time of inspections, the individual present on behalf of the owner will be informed of any necessary construction modifications and or documentation required to achieve compliance with NY State Building Code and Kings Point Village Zoning Code.
29. All underground fuel tanks must be located on the subject property and shown on a final survey prepared by a licensed land surveyor.

Owner to initial after reading this page: _____

30. The installation and/or abandonment of Liquid Propane tanks and/or appliances must be in accordance with approvals from the Nassau County Fire Marshal.
31. Oil to gas conversions requires existing oil tank fill pipes, oil lines, and oil filters to be removed and/or permanently capped. Abandoned exhaust flues must be permanently capped. Stainless steel chimney liners must be installed in accordance with all applicable codes.
32. Existing mechanical rooms/areas must be upgraded as required to provide adequate fire protection and combustion air intake.
33. Inspections by the Building Department are required. The Building Department must be notified by a contractor or homeowner when each phase of work is available for inspection, no less than 48-hours in advance.
34. The following construction inspections are required by the Building Department:
 - a. All new fuel gas and oil piping installations must be inspected prior to concealment by wall/ceiling finishes, and/or backfill of excavations.
 - b. All new piping must receive a pressure test to be witnessed and approved by the Building Inspector.
 - c. All electrical work in connection with this permit must be inspected by an electrical inspection agency that is approved by the Village of Kings Point Board of Trustees. An approved certification of inspection must be provided to the Building Dept.
 - d. Upon completion of all work a final inspection is required for installations of all appliances.
35. All Building permits are valid for a period of 24 months (6 months for fences). All permits that remain open past the valid period are required to pay extension fees prior to the issuance of a certificate of occupancy or completion.

Mechanical Permit Fees:

\$250.00 Base Permit Fee for the first appliance plus \$25.00 for each additional appliance.

\$100.00 Curb Cross Fee

\$2000.00 Building Permit Deposit

All fees must be paid by check. All checks are made payable to: Village of Kings Point. A Curb Cross Fee and Deposit is not required on private roads. Deposits require a separate check from permit fees and are refundable upon issuance of Certificate of Completion and road shoulders are found in good repair by the Highway Department. Applications that are incomplete will not be accepted or temporarily held by the Building Department.

Owner to initial after reading this page: _____

Contractor License and Insurance Document Requirements

Property Location: _____
Permit Type: _____
Section: _____, Block: _____, Lot(s): _____

General Contractor: _____

Address: _____
Office Phone: _____ Mobile Phone: _____ Fax: _____ Email: _____

_____ Consumer Affairs License	_____ Liability Insurance	_____ NYS Workman's Comp.	_____ NYS Disability
_____ Expiration Date	_____ VKP as certificate holder	_____ VKP as certificate holder	_____ VKP as certificate holder
	_____ Name/address match license	_____ Name/address match license	_____ Name/address match license
	_____ Expiration Date	_____ Expiration Date	_____ Expiration Date

Demolition Contractor: _____

Address: _____
Office Phone: _____ Mobile Phone: _____ Fax: _____ Email: _____

_____ Consumer Affairs License	_____ Liability Insurance	_____ NYS Workman's Comp.	_____ NYS Disability
_____ Expiration Date	_____ VKP as certificate holder	_____ VKP as certificate holder	_____ VKP as certificate holder
	_____ Name/address match license	_____ Name/address match license	_____ Name/address match license
	_____ Expiration Date	_____ Expiration Date	_____ Expiration Date

Plumbing Contractor: _____

Address: _____
Office Phone: _____ Mobile Phone: _____ Fax: _____ Email: _____

_____ North Hempstead License	_____ Liability Insurance	_____ NYS Workman's Comp.	_____ NYS Disability
_____ Expiration Date	_____ VKP as certificate holder	_____ VKP as certificate holder	_____ VKP as certificate holder
	_____ Name/address match license	_____ Name/address match license	_____ Name/address match license
	_____ Expiration Date	_____ Expiration Date	_____ Expiration Date

Electrical Contractor: _____

Address: _____
Office Phone: _____ Mobile Phone: _____ Fax: _____ Email: _____

_____ North Hempstead License	_____ Liability Insurance	_____ NYS Workman's Comp.	_____ NYS Disability
_____ Expiration Date	_____ VKP as certificate holder	_____ VKP as certificate holder	_____ VKP as certificate holder
	_____ Name/address match license	_____ Name/address match license	_____ Name/address match license
	_____ Expiration Date	_____ Expiration Date	_____ Expiration Date

Acceptable Workman's Comp proof must be on NY State forms: CE-200, C-105.2, or SI-12. Accord forms are NOT acceptable.

Acceptable Disability proof must be on NY State forms: CE-200, DB-120.1, or DB-155. Accord forms are NOT acceptable.

Each and every license and insurance document must be valid and up to date. Documents that are expired or invalid will be discarded without notification.

The name and address on a contractor's license MUST match the name and address of all insurance documents.

The Village of Kings Point MUST be listed as certificate holder.

When performing work on a Village Right of Way, contractors must list the Village of Kings Point as additional insured on the endorsement page.

Any change to the primary contractors listed above must be made in writing and submitted to the Building Department. The new contractors must submit all the required license & insurance documents. Failure to do so will result in a Stop Work Order.

Approved Building Permits will not be released unless all required contractor's information is submitted.

Approved building permits will only be released to the home owner.

Additional Requirements: _____



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

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON/OWNER
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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
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PERMIT EXP DATE	<input type="checkbox"/> STEEL	EMAIL
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LOT SIZE S.F.	<input type="checkbox"/> MASONRY	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
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# 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	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	BASEMENT FINISH
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<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 _____	
<input type="checkbox"/> FIRE DAMAGE	
<input type="checkbox"/> GARAGE/ OUT BUILDING	
<input type="checkbox"/> HVAC	
<input type="checkbox"/> PLUMBING	
<input type="checkbox"/> RELOCATION	
<input type="checkbox"/> REPLACEMENT	
<input type="checkbox"/> SWIMMING POOL	
<input type="checkbox"/> TENNIS COURT	
<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 _____

**SEPARATE APPLICATION SHALL BE
MADE FOR EACH BUILDING**

Signature of Applicant/Contact Person - Sign & Print

Address of Applicant/Contact Person Telephone

FIELD REPORT ON REVERSE

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:			Telephone:	
			E-Mail:	
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO	YES
If Yes, list agency(s) name and permit or approval:			<input type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned _____ acres or controlled by the applicant or project sponsor?				
4. Check all land uses that occur on, are adjoining or near the proposed action: 5. Urban Rural (non-agriculture) Industrial Commercial Residential (suburban) <input type="checkbox"/> Forest Agriculture Aquatic Other(Specify): <input type="checkbox"/> Parkland				

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest Agricultural/grasslands Early mid-successional Wetland <input type="checkbox"/> Urban Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		

Project:

Date:

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing:		
a. public / private water supplies?		
b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Project:

Date:

Short Environmental Assessment Form

Part 3 Determination of Significance

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

32 Steppingstone Lane
Kings Point, New York 11024

Claimant's
Invoice No.

Claim	
Check #	
Payee	
Acct. #	
Amount	
Acct. #	
Amount	
Acct. #	
Amount	
Acct. #	
Amount	

Pay to: _____

Street and Number: _____

City, State: _____

[illegible]

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 # _____

I HEREBY APPROVE this claim for services rendered and disbursements for Equipment, materials, supplies and other expenses as herein indicated, which were for the Village of Kings Point

Date

Name

Title

Appropriation

All New Construction, Repairs, Additions, Level-1 Alterations, and Level-2 Alterations must comply with the following Smoke and Carbon Monoxide Alarm Installation requirements of Sections R314, R315, 915(IFC), AJ401, AJ501, AJ601 and AJ801, of the 2020 Residential Code of New York State and the 2020 Fire Code of New York State.

Smoke alarms shall be installed in the following locations:

1. In each sleeping room.
2. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
3. On each additional story of the dwelling, including basements and habitable attics and not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.
4. Smoke alarms shall be installed not less than 3 feet (914 mm) horizontally from the door or opening of a bathroom that contains a bathtub or shower unless this would prevent placement of a smoke alarm required by this section.

Carbon monoxide detection shall be installed in the locations specified in Sections 915.3 through 915.3.3 plus any additional locations as required by the manufacturer of the carbon monoxide detection device. All carbon monoxide detectors shall be installed in locations that avoid dead air spaces, turbulent air spaces, fresh air returns, open windows, HVAC ducts, closed doors, and other such obstructions that could prevent carbon monoxide from reaching the detector. Where there is a conflict between the location requirements specified by this code and the location requirements specified by the manufacturer of the carbon monoxide detection device, the more restrictive shall govern.

Exception: Where Sections 915.3 through 915.3.3 require a room or area to be protected by multiple carbon monoxide detectors, one carbon monoxide detector may be provided in an approved location that satisfies all applicable requirements of Sections 915.3.1 through 915.3.3 or otherwise provides the room or area with adequate protection. The level of protection in adjacent rooms shall not be reduced by the elimination of an otherwise required detector.

915.3.1 Residential Buildings That Contain a Fuel-Burning Appliance

Carbon monoxide detection shall be installed in residential buildings in all rooms, occupiable space, dwelling units, sleeping areas, and sleeping units that contain a fuel-burning appliance.

Exceptions:

1. In sleeping areas and sleeping units where a fuel-burning appliance is located in an attached bathroom, utility room, closet, or space, a carbon monoxide detector shall be installed in a central or otherwise approved location in the sleeping area or sleeping unit.
2. In dwelling units and sleeping units where a fuel-burning appliance is located in a kitchen or kitchenette, a carbon monoxide detector shall be installed outside of the sleeping areas and within 10 feet (3048 mm) of the entrance to the sleeping areas.

915.3.1.1 Rooms With an Elevator Shaft

When a room containing a fuel-burning appliance also contains an elevator that provides access to an upper level of a building, the carbon monoxide detector shall be installed between the fuel-burning appliance and the elevator.

915.3.1.2 Rooms With Communicating Openings

Carbon monoxide detection shall be installed in a central or otherwise approved location in occupiable space, sleeping areas, and sleeping units that have a direct communicating opening to a room that contains a fuel-burning appliance.

915.3.1.3 Dwelling Units and Sleeping Units That Contain a Fuel-Burning Appliance

Carbon monoxide detection shall be installed outside of sleeping areas and within 10 feet (3048 mm) of the entrance to the sleeping areas in dwelling units and sleeping units that contain a fuel-burning appliance.

Exception: Carbon monoxide detection shall be installed in sleeping areas when required by Sections 915.3.1 through 915.3.1.2 as applicable.

Power source, combination alarms and interconnection:

1. Battery powered NON interconnecting smoke and carbon monoxide alarms shall be permitted in existing areas where the alterations or repairs do not result in removal of interior wall or ceiling finishes exposing the structure, unless there is an attic, crawl space or basement available that could provide access for interconnection without the removal of interior finishes.
2. Combination smoke/carbon monoxide detectors shall be permitted.