

**VILLAGE OF QUOGUE, NEW YORK**  
**Application For Building Department Permit**

Permit No. \_\_\_\_\_

**Type of permit requested (check applicable types):**

- |  |   |
|--|---|
| <input type="checkbox"/> Building                    | <input type="checkbox"/> Demolition             |
| <input type="checkbox"/> Coastal Erosion Hazard Area | <input type="checkbox"/> Floodplain development |
| <input type="checkbox"/> Dock                        | <input type="checkbox"/> Bulkhead               |
| <input type="checkbox"/> Other                       | Describe: _____                                 |

**Owner:**

Name: \_\_\_\_\_

Mlg.Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Contact for Permit (if different than owner):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Architect (if any):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Street Address of Property: \_\_\_\_\_

Tax Map Identification Number: 0902-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_.  
(Section - Block - Lot)

Is any part of the property in Coastal Erosion Hazard Area? \_\_\_\_\_

FEMA Flood Zone Designation of property \_\_\_\_\_

Zoning Classification: A-\_\_\_\_\_ B-\_\_\_\_\_ LI-\_\_\_\_\_

Approximate size of property: \_\_\_\_\_ Sq.Ft.

Existing structures on property and use(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nature of proposed work covered by this application:**

New building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Dock \_\_\_\_\_ Bulkhead \_\_\_\_\_

Tennis court \_\_\_\_\_ Pool \_\_\_\_\_ Other accessory structure \_\_\_\_\_ Other \_\_\_\_\_

(Describe): \_\_\_\_\_

Removal \_\_\_\_\_ Demolition \_\_\_\_\_ Excavation \_\_\_\_\_ Fill \_\_\_\_\_

Will clearing of land be involved? \_\_\_\_\_

If so, amount of acreage disturbed? \_\_\_\_\_

**Brief description of proposed work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the owner seeking a variance from the Zoning Board of Appeals or the Coastal Erosion Hazard Area Board of Review in connection with the work proposed in this application? \_\_\_\_\_

If so, describe nature of variance(s) sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For new one-family dwellings and additions to existing one-family dwellings:**

Gross floor area of existing dwelling, if applicable: \_\_\_\_\_

Gross floor area of dwelling as completed: \_\_\_\_\_

Maximum allowed gross floor area: \_\_\_\_\_

*Note: "Gross floor area" shall be computed in accordance with Section 196-49C of the Quogue Village Code.*

**Description of new construction with Sq. Ft.:**

Square footage constructed or added (for permit amendments please list "from & to"):

first floor living space \_\_\_\_\_

second floor living space \_\_\_\_\_

basement living space \_\_\_\_\_

covered porch \_\_\_\_\_

garage (attached ☐, detached ☐) \_\_\_\_\_

decks at grade \_\_\_\_\_

1<sup>st</sup> floor deck \_\_\_\_\_

2<sup>nd</sup> floor deck \_\_\_\_\_

Patio \_\_\_\_\_

pool \_\_\_\_\_

other accessory structures \_\_\_\_\_

Square footage renovated (for permit amendments please list "from & to"):

first floor living space \_\_\_\_\_

second floor living space \_\_\_\_\_

basement living space \_\_\_\_\_

other (specify) \_\_\_\_\_

**For construction that is proposed in Coastal Erosion Hazard Area:**

Describe any alternatives to the location.

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Describe why this location of the construction is necessary. \_\_\_\_\_

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Describe whether any measurable increase in erosion will occur as a result of the construction.

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Describe steps to prevent and minimize adverse effects on natural protective features.

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Will any dune area be disturbed by the proposed activity? \_\_\_\_\_

If so, describe the plan to restore and revegetate the disturbed area and attach proposed plans and drawings.

If reconstruction of a structure is involved pursuant to Section 80-10B(1)(j) of the Quogue Village Code, specify the "replacement cost – new" of the structure as defined in Section 80-3 of the Quogue Village Code. \$\_\_\_\_\_.

Describe the basis on which such estimate is made and provide supporting data. \_\_\_\_\_

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If a non-major addition to an existing structure in existence before February 6, 1989 is being proposed, provide the increase in ground area coverage, calculated as provided in the definition of "major addition" in Section 80-3 of the Quogue Village Code. \_\_\_\_\_

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**Cost:**

The applicant's estimate of the total cost of the work for which this application is made is the following:

\$\_\_\_\_\_

Describe the basis on which such estimate is made and provide supporting data. \_\_\_\_\_

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Application is hereby made for issuance of a permit or permits as requested in the foregoing application. Applicant affirms to the best of applicant's knowledge and belief that the information set forth in the foregoing application is true, correct and complete. In connection with the work, the applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant authorizes the Building Inspector, Code Enforcement Officer and other officials of the Village of Quogue to enter upon the property for the purpose of inspecting the property and construction and other work to be performed pursuant to the foregoing application, and the applicant consents to such entry for that purpose.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Notes:

1. No oversight, error or omission on the part of the building inspector or his representative shall legalize the erecting, construction, alteration, removal, use or occupancy of a building or structure that does not conform to the provisions of the New York State Uniform Fire Prevention and Building Code and the Code of the Village of Quogue.
2. This application must be signed by all owners or an authorized agent of the owners designated in writing delivered to the building department.
3. The application for a building permit must contain or be accompanied by sufficient information to permit a determination that the intended work accords with the requirements of the New York State Uniform Fire Prevention and Building Code.
4. The application for a building permit must also be accompanied by copies of the plans and specifications as per the attached instructions showing the character, outside limits, size, intended use, and location upon the plot of the proposed structure and the size, boundaries, existing structures and location of the plot of land affected.
5. A current, certified survey prepared by a licensed surveyor is required for all work unless waived by the building inspector. In the Coastal Erosion Hazard Area, such survey should show the toe of the dune, the crest of the dune, the coastal erosion hazard line, which shall be the landward edge of the scaled line from the official coastal erosion hazard area maps, and topographic data.
6. Prior to issuance of a permit, contractors must show evidence of licensure by the Town of Southampton and, unless an exception is applicable, evidence of workmen's compensation insurance.
7. Please see and complete the Design Review Board Application attached to this form.



**FOR BUILDING INSPECTORS USE ONLY**

Application is: \_\_\_\_\_  
(Granted or Denied)

Reference to variance(s) granted (if any): \_\_\_\_\_

Conditions (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computation of fee:

Building Permit:	\$ _____
Trustee Permit:	\$ _____
Coastal Erosion Hazard Area:	\$ _____
Storm Water Pollution Protection Plan*:	\$ _____
FEMA Compliance: \$150 / \$250	\$ _____
<b>Total:</b>	<b>\$ _____</b>

\*Additional inspection charges may apply

**Date:** \_\_\_\_\_ **Building Inspector's Signature:** \_\_\_\_\_

\_\_\_\_\_

**For Coastal Erosion Hazard Area Permits:**

The undersigned Coastal Erosion Hazard Area Administrator hereby finds and determines that the construction and other activity within the Coastal Erosion Hazard Area: (a) is reasonable and necessary, considering reasonable alternatives to the proposed activity and the extent to which the proposed activity requires a shoreline location, (b) is not likely to cause a measurable increase in erosion at the proposed site and at other locations, and (c) prevents, if possible, or minimizes adverse effects on natural protective features and their functions and protective values, existing erosion protection structures and natural resources.

**Date:** \_\_\_\_\_ **Administrator's Signature:** \_\_\_\_\_

**VILLAGE OF QUOGUE, NEW YORK**

**Owner's Designation of Agent**

The undersigned owner of the property located in the Village of Quogue known as

\_\_\_\_\_ (the "Property") hereby appoints  
(address)

\_\_\_\_\_, as the lawful agent of the undersigned

in connection with all matters relating to the application for a building or other permit at this Property, including the right to complete and execute an

Application for Building Department Permit. The undersigned owner agrees to be bound by all the statements and undertakings of such agent with the same effect as if made personally by the undersigned.

This designation may be revoked only by a written instrument delivered by the undersigned to the Building Department of the Village of Quogue.

Name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_  
(All record owners must sign)

Signature(s) \_\_\_\_\_  
(All record owners must sign)

Date: \_\_\_\_\_

# Village of Quogue

## Design Review Board Application Form

The Design Review Board reviews the exterior design of proposed new buildings or structures and alterations of existing buildings and structures in order to assure that the design is compatible with the neighborhood and otherwise consistent with the objectives of promoting the health, safety and general welfare of the community and preserving and protecting the value of properties in the Village of Quogue. Additional information concerning the Design Review Board's function and procedure is available at the Village Office or at [www.villageofquogueny.gov](http://www.villageofquogueny.gov)

Please complete the information called for below and file completed application and **three copies** of the following materials with the Village office:

- Elevations, renderings and floor plans of proposed project (full construction drawings are not necessary).
- Site plan of property including landscaping (existing and proposed). If a garage is planned indicate placement on the site plan at least 6' evergreen plantings screening the garage doors if they face an adjacent property. Normally, garage doors should not face the road.

**Owner name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Tax Map ID Number: 0902-**\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Architect Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Principal contact for the application:** \_\_\_\_\_

Siding Material \_\_\_\_\_ Color \_\_\_\_\_

Roofing Material \_\_\_\_\_ Color \_\_\_\_\_

Foundation Material \_\_\_\_\_ Color \_\_\_\_\_

Trim Color \_\_\_\_\_ Shutter Color \_\_\_\_\_

Main Entry Door Color \_\_\_\_\_ Windows- Clear \_\_\_\_\_ Mirrored \_\_\_\_\_ Tinted \_\_\_\_\_

Driveway Material \_\_\_\_\_ Color \_\_\_\_\_ Driveway Apron \_\_\_\_\_ Color \_\_\_\_\_

Septic Retaining Wall Finish: \_\_\_\_\_ Screening: \_\_\_\_\_

Deck Material \_\_\_\_\_ Color \_\_\_\_\_

Paver Material \_\_\_\_\_ Color \_\_\_\_\_

Fencing Material \_\_\_\_\_ Color \_\_\_\_\_

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### **Applicant's Certification**

The undersigned owner or representative of the owner certifies that the information set forth above and in the accompanying materials is true and correct and that the structure that is the subject of this application will be constructed in compliance with the information submitted.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## FOR OFFICE USE ONLY

Name of DRB Committee Member: \_\_\_\_\_

Name of Concurring Member, if applicable: \_\_\_\_\_

Name of Concurring Member, if applicable: \_\_\_\_\_

(The Committee Member or one of the concurring members must be the Chairman. Concurring members are required for new construction and major additions or modifications.)

Application is: \_\_\_\_\_ Approved \_\_\_\_\_ Referred to full Design Review Board

Conditions of approval, if  
any \_\_\_\_\_

\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Building Department Final Compliance Signature: \_\_\_\_\_

DRB File Number: \_\_\_\_\_



# APPLICATION PROCESS:

1. Incomplete applications will not be accepted.
2. Complete applications will be received and reviewed.
3. After review from the Building Inspector, applications will be referred to the DRB.
4. The typical time frame for issuance of most permits is two to three weeks.

**Do not proceed with construction until you have paid the application fee, received the permit and posted it on site.**

## COMPLETE APPLICATION SHALL INCLUDE:

(Please use the following as a check list.)

1. Three sets of plans and three copies of the survey are required for most applications. Four sets of plans are required for commercial projects and four surveys and plans for CEHA permits.
2. Plans must be 1/4 scale or larger. Plans typically need to have an architect seal, especially when the work is structural in nature.
3. Surveys must be to scale (not reduced or blown up).
4. An application to amend the scope of work of a project must have a clear explanation of the change such as *"square footage from X to Y"* or *"renovation cost from Y to Z"*. Revised plans may be required depending on circumstances.
5. Design Review Board referrals are an automatic part of the review process. The DRB form must be filled out by all applicants.
6. **Suffolk County Board of Health** permits will be required for:
  - a. New septic systems for accessory structures.
  - b. Additional bedrooms in excess of prior BOH approvals.
  - c. Additional bedrooms where there is no prior BOH approval.
  - d. Suffolk County Board of Health permits are required to upgrade or install a new system.
  - e. If BOH approval is required and has not been received, the application will be deemed incomplete and may not be accepted.
7. **DEC** approval is necessary for parcels affected by wetlands.
8. Site plan approval is required for all commercial building applications.
9. Applications for **sheds, hot tubs & heating systems** and or equipment (items other than stick build construction) must include either plans or a brochure from the manufacturer indicating what will be installed. Manufacturers installation specifications must be included as necessary.
10. **Photovoltaic systems** require an electrical underwrites certificate at completion. PV systems require permits when they are free standing and when the panels are tipped up from the roof. Engineering drawings are required for the mounting of the system with a roof diagram and equipment location. A letter from an engineer or architect is required regarding the imposed load on the roof.
11. **Solar hot water systems** require a building permit as they are plumbing equipment. Solar hot water systems free standing and tipped up from the roof require engineering drawings for the mounting of the system with a roof diagram and equipment location. A letter from an engineer or architect is required regarding the imposed load on the roof.
12. Proof of **Town of Southampton Home Improvement License**. Proof of **NYS Workers' Compensation** insurance on the appropriate form (State issued) is required. *The Village of Quogue, 7 Village Lane, Quogue, NY 11959 must be listed as an additional insured. Accord forms are not acceptable.* Minor projects that qualify may use the exemption form signed and notarized by the homeowner.



New York State Department of Labor  
Division of Safety and Health  
Gov. W. Averell Harriman State  
Office Building Campus  
Albany, NY 12240

## Required Insurance

The *only* forms that are accepted as proof of **Workers' Compensation Insurance** are:

<i>Form #</i>	<i>Form Title</i>
C-105.2	Certificate of Workers' Compensation Insurance
CE-200	Certificate of Attestation of Exemption – (no employees)
U-26.3	State Insurance Fund Version of the C-105.2 form.
SI-12	Certificate of Workers' Compensation Self-Insurance.
GSI-12	Certificate of Group Workers' Compensation Self-Insurance.
GSI-105.2	Certificate of Participation in Workers' Compensation Group Self-Insurance

For forms or general questions, contact the Workers' Compensation Board, Bureau of Compliance at (518) 486-6307. You can print forms from their website at [www.wcb.state.ny.us](http://www.wcb.state.ny.us).

New York State requires **Disability Insurance** if you are a “covered employer” as defined by New York State Law. The *only* forms that are accepted as proof of **Disability Insurance** are:

<i>Form #</i>	<i>Form Title</i>
DB-120.1	Certificate of Disability Benefit Insurance
DB-155	Certificate of Disability Benefit Self-Insurance
CE-200	Certificate of Attestation of Exemption – (no employees)

For forms or general questions, contact the Disability Benefits Bureau at (518) 486-6307.

We do not accept ACORD Forms as proof of insurance coverage.

You must use uniform and consistent Company or Entity names on all forms submitted.

All insurance forms submitted must show current coverage!



**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance  
Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence**

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ✦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit; OR
- ✦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner )

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed )

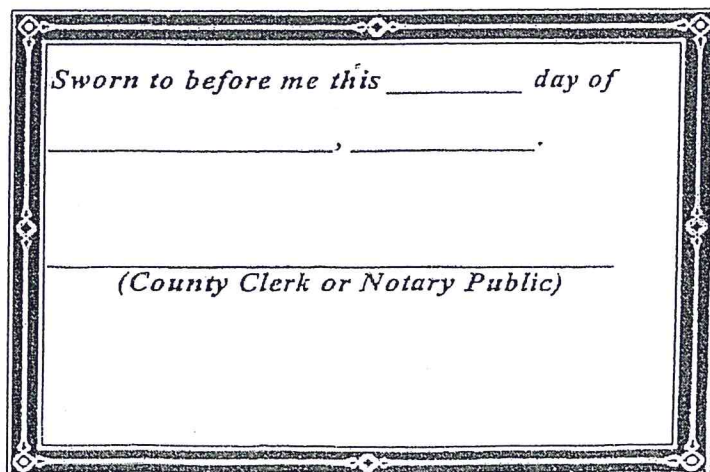
Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

902- - -

BP-1 (3/99)



LAWS OF NEW YORK, 1998  
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

§ 125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## Implementing Section 125 of the General Municipal Law

### 1. General Contractors and Business Owners

For businesses listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- + insured (C-105.2 or U-26.3),
- + self-insured (SI-12), or
- + are exempt (C-105.21),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

### 2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1(3/99).

- + Form BP-1(3/99) shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
  - ◇ is performing all the work for which the building permit was issued him/herself,
  - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- + If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(3/99), but shall either:
  - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
  - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.