



INCORPORATED VILLAGE OF  
**Roslyn Harbor**

## **FENCE PERMIT REQUIREMENTS**

Permit does not confer any approval or right to disregard any property covenant or a condominium/homeowners association restriction.

In no event shall any fence be placed or maintained in a location relative to a public or private street, alley, driveway or other means of egress such that the sight of oncoming vehicular or pedestrian traffic is impaired for users of such means of ingress and egress.

**All fences must be installed in accordance with Village Zoning Code Section 275-18.**

**Finished side of any fence shall face outward.** *Village Zoning Code 275-18C #4 & 5 States: "No wall, fence or other structure shall be erected or altered, and no hedge, tree, shrub or other growth shall be planted or maintained on any lot which may obscure the view on a street or at the intersection of streets endangering lives or property of the users thereof. All fences shall exhibit the finished, unbroken or non-post side toward the adjoining property. No supports, posts or bracing shall be placed on the side of the fence facing adjoining property."*

- The application expires after sixty (60) days from date of Building Department Issuance.
- Permit Card must be posted in a visible location to the street and must remain posted until final Village inspection approval.
- Application with two (2) copies of an up to date survey indicating in red the location of the proposed fence (use symbols xxx). Indicate distances and height above ground level.
- Copy of Consumer Affairs License
- Certificates of Insurance for:
  - General Liability naming the Village of Roslyn Harbor as **ADDITIONAL INSURED** (*ACORD form*)
  - Workers Compensation and Disability (*form U-26.3 or C-105.2 are acceptable for those with employees; form CE-200 is acceptable for applicants with no employees and can be obtained from the NYS Workers' Compensation Board at 175 Fulton Ave., Hempstead, NY 866-805-3630*). ***The ACORD form cannot be used as proof of Worker's Compensation.***
- Indemnification/Hold Harmless Agreement
- An As-Built Survey may be required for property line fences.

**I have read and understand the above Fence Permit Requirements including rules and regulations:**

\_\_\_\_\_  
Owner's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Roslyn Harbor

500 MOTTS OVE ROAD SOUTH, ROSLYN HARBOR, NY 11576  
TEL # (516) 621-0368 FAX # (516) 621-1803  
WWW.ROSLYNHARBOR.ORG

## FENCE PERMIT APPLICATION

PERMIT NO: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE \$ \_\_\_\_\_  
C of O NO: \_\_\_\_\_ DATE: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Section: \_\_\_\_ Block: \_\_\_\_ Lot (s): \_\_\_\_ Zone: \_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name (If Other than Owner): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROPOSED FENCE

Height: \_\_\_\_ Running Length: \_\_\_\_\_ Installation: \_\_\_\_\_ Any tree removal? Yes \_\_ No \_\_  
*(New, Extension, Repair, Replacement)*

Electric: Yes\_\_ No\_\_ Is fence part of a pool enclosure? Yes\_\_ No\_\_ Cost of Construction \$ \_\_\_\_\_

Description (Material Style/Location/Purpose): \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

- ON 2 COPIES OF AN UP TO DATE SURVEY INDICATE IN RED THE LOCATION OF THE PROPOSED FENCE (use symbols XXX). INDICATE DISTANCES AND HEIGHT ABOVE GROUND LEVEL.
- NEW YORK 811: BY LAW YOU MUST CONTACT 811 AT LEAST 2 FULL BUSINESS DAYS PRIOR TO DIGGING

### Notice and Disclaimer

It is the responsibility of both the property owner and fence installer to ensure that fence installation is accurately installed on the subject property and does not encroach upon any adjoining property or public right-of way. It is recommended that the fence location be staked out by a surveyor before installation. The Village of Roslyn Harbor expressly disclaims any liability for improper fence installation, property encroachment or any property dispute that may arise from fence installation. Fences installed in utility easements may be subject to removal by utility companies performing work. In such cases, any fence replacement is the responsibility of the owner.

I have read the above disclaimer and hereby acknowledge my responsibility to ensure that fence installation does not encroach upon the public right-of-way or an adjoining property. I understand the Village fence regulations and inspection requirements, attest that I will comply with these requirements and hereby apply for a Village fence permit.

\_\_\_\_\_  
Owner's Name (Print) Signature Date

\_\_\_\_\_  
Applicant's Name (Print) Signature Date

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

### FOR VILLAGE USE ONLY

#### BUILDING INSPECTOR APPROVAL

Signed: \_\_\_\_\_

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

**APPLICANT MUST BE IN GOOD STANDING WITH THE VILLAGE OFFICE BEFORE A PERMIT OR C of O WILL BE ISSUED**



INCORPORATED VILLAGE OF  
**Roslyn Harbor**

**AFFIDAVIT OF PROPERTY OWNER**

STATE OF NEW YORK) : SS  
COUNTY OF NASSAU )

\_\_\_\_\_, being duly sworn, deposes and says that Applicant resides at \_\_\_\_\_, and is the owner of the property hereinbefore described and is the Applicant herein; that the statements contained in the foregoing Application and in any papers submitted herewith are in all respects true and complete to Deponent's knowledge, and hereby authorizes \_\_\_\_\_ with address at \_\_\_\_\_ as his agent to make this application and to enter into agreements with respect to the subject property.

• ***If Corporate Applicant:***

\_\_\_\_\_  
*Full Name of Corporation                      Title                      Address of Corporation*

\_\_\_\_\_  
Owner's Signature

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**AFFIDAVIT OF APPLICANT DESIGNEE**

STATE OF NEW YORK) : SS  
COUNTY OF NASSAU )

(Applicant) \_\_\_\_\_, being duly sworn, deposes and says that he resides at \_\_\_\_\_; and that he is the \_\_\_\_\_ of the property herein described and is authorized by \_\_\_\_\_ (Architect, Engineer, Builder, Contractor) the Owner to make the foregoing application and that the statements contained herein and in any papers submitted herewith are in all respects true and complete.

\_\_\_\_\_  
Applicant's Signature

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public



INCORPORATED VILLAGE OF  
**Roslyn Harbor**

**DISCLOSURE AFFIDAVIT**  
**GENERAL MUNICIPAL LAW SECTION 809**  
(Conflict of Interest Affidavit)

1. Every application, petition or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality or of a municipality of which such municipality is a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.

2. For the purpose of this section an officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them  
(a) is the applicant, or  
(b) is an officer, director, partner or employee of the applicant, or  
(c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or  
(d) is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request.

3. In the county of Nassau the provisions of subdivisions one and two of this section shall also apply to a party officer. "Party officer" shall mean any person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision four of section two of the election law.

4. Ownership of less than five per cent of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.

5. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

\_\_\_\_\_, being duly sworn, deposes and says

1. I am the \_\_\_\_\_ of the attached application.  
(Owner, Contractor Vendee)

2. I make this affidavit for the purposes of complying with the requirements for the General Law Municipal Law Section 809.

3. No state officer of the State of New York, and no officer or employee of the County of Nassau, Town of North Hempstead, Town of Oyster Bay, or the Village of Roslyn Harbor has any interest in the person, partnership or association making the application to which is attached.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**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)

TOWN  
SCHOOL DISTRICT  
SECTION  
BLOCK  
LOTS  
CA # OR BLDG #  
UNIT #  
DATE

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		
ADDRESS OF PROPERTY			Check one	NAME OF BUSINESS	
CITY, TOWN, VILLAGE	ZIP		<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:				ADDRESS	
				CITY, STATE, ZIP	
WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	PHONE	
PERMIT EXP DATE	<input type="checkbox"/> STEEL			EMAIL	
LOT SIZE S.F.	<input type="checkbox"/> MASONRY				
# 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		DOES RESIDENCE HAVE THE FOLLOWING	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE	CENTRAL AIR	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	FINISHED ATTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	<b>BASEMENT FINISH</b>	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	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"/> RELOCATION		
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT		
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL		
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT		
<input type="checkbox"/> OTHER _____	<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 _____	Signature of Applicant/Contact Person - Sign & Print _____
<b>SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING</b>	
FIELD REPORT ON REVERSE	Address of Applicant/Contact Person _____ Telephone _____



INCORPORATED VILLAGE OF  
**Roslyn Harbor**

**INDEMNIFICATION/HOLD HARMLESS AGREEMENT**

The Vendor/Contractor shall indemnify and hold harmless the Inc. Village of Roslyn Harbor, its officers, employees, and/or agents from any and all liability, damage, loss, claims, demands and actions of any nature whatsoever, for any reason whatsoever, foreseeable or unforeseeable, which arises out of or is connected with, or is claimed to arise out of to be connected with, any undertaking, product, goods, merchandise, products, services sold and/or work supplied, furnished or performed by the Vendor/Contractor or its subcontractors, agents, servants, or employees, including without limiting the generality of the forgoing, all liability, damages, loss, claims, attorneys, court and adjusting fees, demands and actions on account of personal injury, death or property loss to the Inc. Village of Roslyn Harbor its officers, employees, agents or to any other persons, third parties, or property, but shall not include claims resulting from the gross negligence or willful misconduct of the Inc. Village of Roslyn Harbor. This indemnity and hold harmless is intended to be as broad as is permitted by law and to include claims of every kind and nature – for tort, under contract; for strict liability or other liability without fault; under statute, rule, regulation or order; and otherwise.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
(Please Print Name and Title)

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SALERNO BROKERAGE CORPORATION 117 Oak Drive  Syosset NY 11791 <b>INSURED</b> NAME ADDRESS  CITY NY ZIPCODE	<b>CONTACT NAME:</b> Nicole Morton <b>PHONE (A/C, No, Ext):</b> (516) 364-4044 <b>FAX (A/C, No):</b> (516) 364-5901 <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A: INSURANCE CARRIER NAME</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
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**COVERAGES** **CERTIFICATE NUMBER: PERMIT SAMPLE** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY	<input checked="" type="checkbox"/>	POLICY #	EFF DATE	EXP DATE	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per person) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PERMIT NAME:

PERMIT ADDRESS:

The Inc. Village of Roslyn Harbor and all appointed and elected officials, employees and volunteers are included as an additional insured using ISO form CG2026 or equivalent.

**CERTIFICATE HOLDER****CANCELLATION**

Inc. Village of Roslyn Harbor  
 500 Motts Cove Road South  
 Roslyn Harbor, NY 11576

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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