



INCORPORATED VILLAGE OF
Roslyn Harbor

SWIMMING POOL, SPAS & HOT TUBS

PERMIT APPLICATION FILING REQUIREMENTS

The following items **must** be included with this application. Incomplete applications will not be accepted.

MINIMUM DOCUMENTATION REQUIRED

ADDITIONAL REQUIREMENTS MAY BE ESTABLISHED BY THE BUILDING INSPECTOR:

1. Completed Swimming Pool Application signed and notarized, including contractor, electrician and plumber contact information. Include property address and owners mailing address if different.
2. Two (2) Topographical Maps plus two (2) copies of a current survey showing existing structures, with the location and size of the proposed pool indicated.
3. Site Plan indicating any change in topography, elevation of decks, distance of the pool to adjacent property lines, and to the house.
4. Two (2) sets of Construction Plans.
5. Section.
6. Specifications including filtration system, turnover time, method of filling pool and type of protective device for pool.
Note: Fill spout with 12" air gap is required.
Drywell must accommodate a minimum of 5% pool volume.
7. Location, type and height of pool equipment and required screening.
8. Location, type and height of existing and proposed fencing around the pool area.
9. Location of any existing or proposed decks that will allow direct access to the pool.
10. Completed and signed Short Environmental Assessment Form.
11. Completed and signed Nassau County Assessors Form.
12. Completed and signed Affidavit of Ownership and Disclosure Affidavits
13. Submit contractors' License, Indemnification/Hold Harmless, and Insurance Certificates for Liability, Workman's Compensation and Disability Insurance with Inc. Village of Roslyn Harbor listed as additional insured (see samples attached). If there is not a General Contractor, either the plumber or electrician must be listed as the lead contractor. If there is a General Contractor for the job, a copy of contractor's Nassau County Consumer Affairs license must be submitted.

Revised 06/26/2023

14. *Propane Tanks* All projects which include the installation of a propane tank, will be required to submit a permit issued by the Nassau County Fire Marshall. This must be obtained prior to submitting the permit application.

15. If your permit application also includes removal of trees you are required to obtain a Tree Removal Permit. All trees requested to be removed must be tagged in red; all trees to be preserved must be tagged yellow. If a report is required from the Village Arborist, the cost will be added to the Tree Removal Permit Fee. A site inspection will be conducted before the issuance of any Tree Removal Permit.

16. Shall comply with section 326 of the residential code of New York State

17. Submit Fence Application

18. Permanent fencing must be installed within 90 days of the issuance of the Pool Permit.

YOU MUST HAVE ALL THE REQUIRED SITE MOBILIZATION AND PROTECTION IN PLACE BEFORE THE ISSUANCE OF ANY PERMIT.

APPLICATION FEE: \$1,750 Site Plan Review

PERMIT FEE: \$2,100 (Permit: \$2,000 + Certificate of Occupancy Fee: \$100). Building permits expire one year from date of issue. If the work is not completed within one year of issuance date, renewal fees will apply. Renewal fees accrue until all requirements are met, a final inspection is passed and a Certificate of Occupancy or Certificate of Completion is issued. This is solely the responsibility of the property owners and/or their agents.

C.O. REQUIREMENTS:

- Electrical Underwriters Certificate (UL)
- As-Built Survey

Revised 06/26/2023



Roslyn Harbor

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

SWIMMING POOL, SPA & HOT TUB 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: _____

Description of Work in Detail: _____

Estimated Construction Cost \$ _____ Will any part of a Building be removed? Yes ___ No ___

Any tree removal? Yes ___ No ___ Any Slope Disturbance? Yes ___ No ___ Will a retaining wall be installed Yes ___ No ___

Areas: Lot _____ sq. ft. Lot Dimensions: _____ Existing Lot Coverage: _____%

Lot Coverage: Existing Bldgs/Structures: _____% Proposed Pool _____% Front Yard _____% Total _____%

Distances from Pool to Property Line: _____ Ft. _____ Ft. _____ Ft. _____ Ft.
Front Yard Side Yard Side Yard Rear Yard

Distance from Pool to House: _____ Distance to Accessory Structures: _____ List Structures: _____

Architect/Engineer: _____ Email: _____ Phone: _____

Contractor: _____ Email: _____ Phone: _____

Plumber: _____ Email: _____ Phone: _____

Electrician: _____ Email: _____ Phone: _____

Owner/Applicant's Name (Print) _____ Signature _____ Date _____

The following conditions and requirements must be met before a Certificate of Occupancy will be issued for the work described herein.

1. Approval is contingent on compliance with all provisions of the NYS Energy Conservation Construction Code and the NYS Building Construction Code.
2. Underwriters Electrical Certificate from Village approved agency.
3. Final as Built Survey.
4. Work must start within six (6) months and any extension must be granted by the Building Inspector.

This application is subject to all the Terms and Conditions of the following:

Board of Zoning Appeals Order Dated _____

Planning Board Order Dated _____

Board of Trustees Order Dated _____

Owner/Applicant's Name (Print) _____ Signature _____ Date _____

FOR VILLAGE USE ONLY

BUILDING INSPECTOR APPROVAL

Signed: _____

Date: _____

NEW YORK 811: BY LAW YOU MUST CONTACT 811 AT

LEAST 2 BUSINESS DAYS PRIOR TO DIGGING

**PERMIT & APPROVED PLANS MUST BE
KEPT AT WORK SITE**

**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

BUILDING PERMIT APPLICATION

TO COMPLETE YOUR BUILDING PERMIT APPLICATION, PLEASE INCLUDE THE FOLLOWING INFORMATION AND COPIES OF ALL LICENSES AND CERTIFICATE OF INSURANCE

1. Architect's Name: _____
Address: _____
Phone: _____
Email: _____

2. Engineer's Name: _____
Address: _____
Phone: _____
Email: _____

3. Contractor's Name: _____
Address: _____
Phone: _____
Email: _____

4. Plumber's Name: _____
Address: _____
Phone: _____
Email: _____

5. Electrician's Name: _____
Address: _____
Phone: _____
Email: _____

COPIES OF ALL LICENSES AND CERTIFICATE OF INSURANCE
MUST BE INCLUDED WITH THE APPLICATION



**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 _____

ADDRESS OF PROPERTY: _____

CITY, TOWN, VILLAGE: _____ ZIP: _____

ESTIMATED COST OF CONSTRUCTION: _____

Check one: OWNER OR LESSEE

NAME OF BUSINESS: _____

CONTACT PERSON/OWNER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WORK MUST BEGIN BY: _____

PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME

PERMIT EXP DATE: _____

LOT SIZE S.F.: _____

BLDGS ON LOT: _____

PHONE: _____

EMAIL: _____

**IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

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"/> FIRE DAMAGE
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING
<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

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES NO

FINISHED ATTIC YES NO

BASEMENT FINISH

1/4 1/2 3/4 FULL

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 NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

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

Address of Applicant/Contact Person _____ Telephone _____

FIELD REPORT ON REVERSE

TOWN _____

SCHOOL DISTRICT _____

SECTION _____

BLOCK _____

LOT(S) _____

CA # OR BLDG # _____

UNIT # _____

DATE _____

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
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"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO
If Yes, list agency(s) name and permit or approval:			<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 or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<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? 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?	NO	YES	
	<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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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 <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> 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	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<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	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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	YES
	<input type="checkbox"/>	<input type="checkbox"/>
19. 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	YES
	<input type="checkbox"/>	<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	YES
	<input type="checkbox"/>	<input type="checkbox"/>
<p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor/name: _____ Date: _____</p> <p>Signature: _____ Title: _____</p>		



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

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

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. 1

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



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).

PRODUCER SALERNO BROKERAGE CORPORATION 117 Oak Drive Syosset NY 11791 INSURED NAME ADDRESS CITY NY ZIPCODE	CONTACT NAME: Nicole Morton PHONE (A/C, No, Ext): (516) 364-4044 FAX (A/C, No): (516) 364-5901 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: INSURANCE CARRIER NAME INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	POLICY #	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E L EACH ACCIDENT \$ 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 Inc. Village of Roslyn Harbor 500 Motts Cove Road South Roslyn Harbor, NY 11576	CANCELLATION 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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Figure 5.30
Reinforced Silt Fence

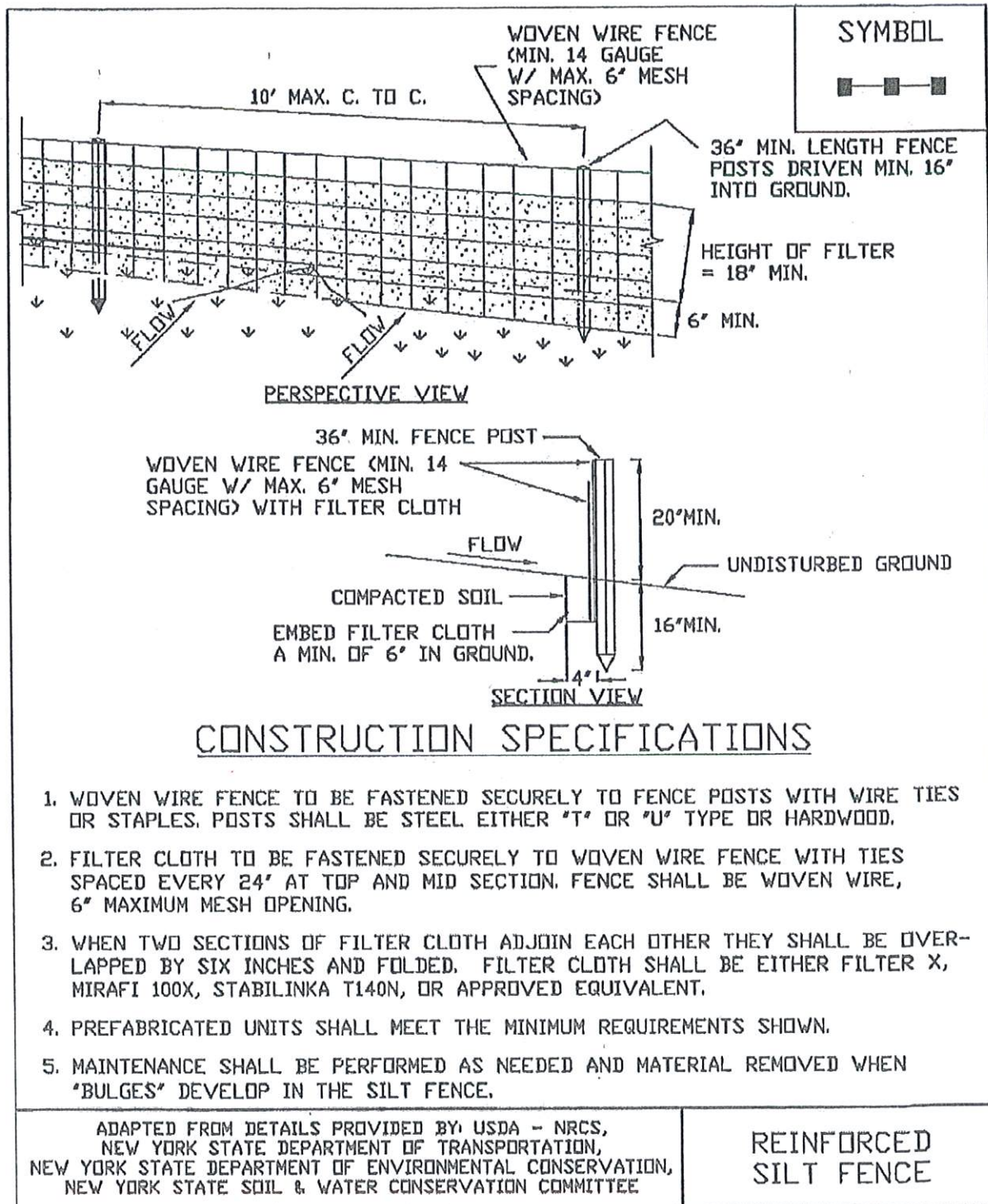


Figure 5.34
Straw Bale Dike

