



Village of Nyack

Incorporated February 27, 1883



Asst. Building Inspectors
Paul Rozsypal
Scott Fine
Fire Inspector
David Smith

BUILDING DEPARTMENT
9 North Broadway
Nyack, New York 1096-2697
(845) 358 - 4249 / FAX: (845) 358 - 0672
www.nyack-ny.gov buildingdepartment@nyack-ny.gov

MANNY A. CARMONA
Chief Building Inspector

BUILDING PERMIT APPLICATION

Permit #: _____

App. Date: 8/30/22	Type Permit: <input checked="" type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Misc. <input type="checkbox"/> Plumbing <input type="checkbox"/> Sign <input type="checkbox"/> Tree	Work Area Sq. ft. 1750	Applicant: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Agent
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1. PROPERTY INFORMATION

Street Address 260 MAIN ST.	Apt. #/Vacant Land	Sec./Block/Lot #: 65.36-2-21 File #: 546	Zoning District: <input type="checkbox"/> SFR-1 <input type="checkbox"/> SFR-2 <input type="checkbox"/> MFR-1 <input type="checkbox"/> MFR-2 <input type="checkbox"/> MFR-3 <input type="checkbox"/> TFR <input type="checkbox"/> DMU-1 <input checked="" type="checkbox"/> DMU-2 <input type="checkbox"/> RMU <input type="checkbox"/> OMU <input type="checkbox"/> CC <input type="checkbox"/> WF <input type="checkbox"/> M <input type="checkbox"/> H
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2. PROPERTY OWNER INFORMATION

Business Name: 260 N MAIN LLC	First & Last Name: DANIEL JEAN-GILLES	E-Mail: DJEAN_GILLES@MSN.COM
Street Address: 86 SPD AVE	City: NYACK	Phone #: State & Zip Code: NY 10960

3. CONTRACTORS INFORMATION

	NAME/ADDRESS	PHONE #/ E-MAIL	LICENSE #
Applicant	DANIEL JEAN-GILLES	djean_gilles@msn.com 914-420-4537	
Architect	MAREN ROBERTSON	marenrc@yahoo.com	043568
General Contractor			
Plumber			
Mechanical			
Electrician			
Fire Sprinkler Company			
Fire Alarm Company			

4. SCOPE OF WORK

Description of Work: RENOVATION OF GROUND FLOOR BUSINESS. CHANGE FROM A-2 TO M USE GROUP. NEW INTERIOR PARTITIONS, NEW STORE FRONT WINDOW, NEW FRONT & SIDE DOORS.

5. TYPE OF PERMIT

6. OCCUPANCY CLASSIFICATION

IMPROVEMENT TYPE: <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION LEVEL <u>2</u> <input checked="" type="checkbox"/> CHANGE OF USE <input type="checkbox"/> DECK <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ELECTRIC CAR CHARGER <input type="checkbox"/> ELECTRIC UPGRADE <input type="checkbox"/> FENCE <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> GENERATOR <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PERMIT RENEWAL <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> ROOFING <input type="checkbox"/> SIDING <input type="checkbox"/> SIGN <input type="checkbox"/> SOLAR PANEL <input type="checkbox"/> SWIMMING POOL/HOT TUB <input type="checkbox"/> TREE <input type="checkbox"/> OTHER	ASSEMBLY (A) <input checked="" type="checkbox"/> Bar/Taverns (A-2) <input type="checkbox"/> Restaurant (A-2) <input type="checkbox"/> Art Gallery (A-3) <input type="checkbox"/> Dance Hall (A-3) <input type="checkbox"/> Funeral Parlor (A-3) <input type="checkbox"/> Religious Worship (A-3)	FACTORY (F) <input type="checkbox"/> Moderate-Hazard (F-1) <input type="checkbox"/> _____ <input type="checkbox"/> Low-Hazard (F-2) <input type="checkbox"/> _____	RESIDENTIAL (R) <input type="checkbox"/> Hotel, Motel (R-1) _____ Units <input type="checkbox"/> Dormitory (R-2) _____ Units <input type="checkbox"/> Multi-Family (R-2) _____ Units <input type="checkbox"/> One/Two Family (R-3) <input type="checkbox"/> Detached One/Two Family <input type="checkbox"/> Townhouse	
	BUSINESS (B) <input type="checkbox"/> Animal Hospital <input type="checkbox"/> Assembly < 50 Person or 750 <input type="checkbox"/> Banks <input type="checkbox"/> Barber & Beauty Shop <input type="checkbox"/> Car wash <input type="checkbox"/> Clinic, Outpatient <input type="checkbox"/> Dry Cleaning & Laundries <input type="checkbox"/> Professional Services	INSTITUTIONAL (I) <input type="checkbox"/> Assisted Living Facility (I-1) <input type="checkbox"/> Congregate Care Facility (I-1) <input type="checkbox"/> Group Home (I-1) <input type="checkbox"/> Hospitals (I-2) <input type="checkbox"/> Adult Day Care (I-4) <input type="checkbox"/> Child Day Care (I-4)	STORAGE <input type="checkbox"/> Moderate Hazard (S-1) <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Low-Hazard (S-2) <input type="checkbox"/> _____	
	EDUCATIONAL (E) <input type="checkbox"/> Grades 1 – 12 <input type="checkbox"/> > 5 children & > 2 ½ yrs.	MERCANTILE (M) <input type="checkbox"/> Drug stores <input type="checkbox"/> Greenhouse (sale of plants) <input type="checkbox"/> Markets <input type="checkbox"/> Motor Fuel-Dispensing Facility <input checked="" type="checkbox"/> Retail or Wholesale Store <input type="checkbox"/> Sales Room	UTILITY & MISC. (U) <input type="checkbox"/> Barns <input type="checkbox"/> Tanks <input type="checkbox"/> Carports <input type="checkbox"/> Towers <input type="checkbox"/> Fences <input type="checkbox"/> Private Garages <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Sheds	

IMPORTANT NOTICES: READ BEFORE SIGNING

New York State Law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless valid Insurance certificates with the project address and the Village of Nyack as the certificate holder are attached to this application. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor shall complete NYS form CE-200 online @ <https://www.wcb.ny.gov>

Work conducted pursuant to a building permit shall be visually inspected by the Building Inspector and shall conform to the New York State Uniform Fire Prevention and Building Codes, the Code of Ordinances of the Village of Nyack, all other applicable codes, rules and regulations, and shall be performed in accordance with the construction documents which were submitted and accepted as part of the application for the building permit.

It is the owner's or contractor's responsibility to contact the Building Department at 845-358-4249 (Mon - Fri 9:30 a.m. to 4:30 p.m.) to schedule inspections before you are ready to have an inspection conducted.

Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material and lead paint.

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Building Inspector shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

DANIEL DEAN-GILLES
 PRINT OWNER/AGENT NAME
Daniel Dean-Gilles
 OWNER/AGENT SIGNATURE

AFFIRMED to before me this
30 day of August, 2022
[Signature]
 Notary Public/Witnessed by Bldg. Dept.

7. ZONING PLAN EVALUATION

SETBACKS	REQUIRED	PROVIDED	NUMBER/SQUARE FEET	EXISTING	PROPOSED
Lot Area sq. ft.			Residential Units		
Lot Width ft.			Living Area Sq. ft.		
Front Yard ft.			Basement Area Sq. ft.	<input type="checkbox"/> Finished _____ <input type="checkbox"/> Unfinished _____	_____
Rear Yard ft.		N/A	Attic Area Sq. ft.	<input type="checkbox"/> Finished _____ <input type="checkbox"/> Unfinished _____	_____
Side Yard ft.			Unfinished Space other Sq. ft.		
Both Side Yards ft.			Bedrooms (#)		
Livable Floor Area/D.U. sq. ft.			Full Baths (#)		
Lot Area/D.U. sq. ft.			Partial Baths (#)		
Percentage of Lot Coverage			Shed sq. ft.		
Building Height ft.			Swimming Pool	<input type="checkbox"/> Above-Ground <input type="checkbox"/> In-Ground _____	
Number of Stories			Solar Panels	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Off-Street Parking/D.U.			Generator	<input type="checkbox"/> Yes <input type="checkbox"/> NO KW _____	

8. PROJECT DOCUMENTS (Completed by Bldg. Dept.)

TYPE OF DOCUMENT	SUBMITTED			ORIGINAL DATE	REVISION DATE
Site Plan	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Architectural Drawings	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Fire Sprinkler Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Fire Alarm System Plan	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Insurance: Liability Disability Worker's Comp. or Exempt Certificate	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Home Improvement License	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
ARB Planning Zoning Village	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Town of Orangetown Sewer Dept.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
RC Dept. of Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
911 Data Enhancement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Orange & Rockland Utilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Nyack Water Department	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Nyack Fire Dept.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Special Inspections	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Job Specifications	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		

9. VALIDATION (Completed by Bldg. Dept.)

Permit Granted for: _____

Date Received: 8/30/22 Date Reviewed: 9/23/22 Date Issued: _____ Date Expires: _____

Permit Denied: Referred to ARB

1. Application Fee: 200 2. Permit Fee: _____ 2. C of O/C Fee: _____ 2. Fire Safety Fee: _____

3. ARB Fee: 150 4. Planning Fee: N/A 5. ZBA Fee: N/A Total Fees: _____

Receipt #1: _____ Receipt #2: _____ Receipt #3: _____ Receipt #4: _____ Receipt #5: _____

_____ X _____ = _____ - \$1000 = _____ ÷ \$1000 = _____ X \$20 = _____ + \$200 = _____

Sq. ft. \$/Sq. ft.

I have examined this application, plans and plot plans that are part of this application and find that they are substantially in compliance with the Codes of the Village of Nyack and the New York State Building and Fire Prevention Codes, and approve the same for issuance of a building permit.

MANNY A. CARMONA
Chief Building Inspector

Date

THE BUILDING PERMIT CARD SHALL BE DISPLAYED SO AS TO BE VISIBLE FROM THE STREET.

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION NOR ORDER CONCRETE WITHOUT APPROVAL FROM THE CODE ENFORCEMENT OFFICER. ANY FIELD CHANGE SHALL BE APPROVED IN WRITING BY THE CHIEF BUILDING INSPECTOR PRIOR TO MAKING SUCH CHANGE.

THE STRUCTURE SHALL NOT BE OCCUPIED OR USED UNTIL A CERTIFICATE OF OCCUPANCY OR COMPLIANCE HAS BEEN ISSUED BY THE CHIEF BUILDING INSPECTOR.

REQUIRED INSPECTIONS OF CONSTRUCTION

(You shall call in advance for applicable inspections 845-358-4249)

MONDAY - FRIDAY 9:30 AM – 4:30 PM

INSPECTIONS FEE AFTER FAILURE TO PASS 1ST RE-INSPECTION - \$75 EACH

- Work Site** – (prior to the issuance of a Building Permit) _____
- Footing Forms** – (before ordering concrete) When excavation is completed, forms and re-bars are in place, shall have surveyor's mark-out for front, rear and side yard. _____
- Foundation Wall** – (before ordering concrete) When forms and re-bars are in place, shall mark-out finished first floor elevation. _____
- Plumbing Under Slab** – (before connecting to Sewer Main) When sand, pipes and straps are in place, shall pressurize pipes with water or air. _____
- Preparation for Concrete Slab** – (before ordering concrete) When gravel, vapor barrier, wire mesh and perimeter insulation (if applicable) are in place. _____
- Foundation Backfill** – When footing drains, waterproofing, wall bracing and insulation (as may be applicable) are in place. _____
- Sewer Connection** – Call Town of Orangetown (845-359-6502) for inspection.
- Framing, Rough Plumbing, Fire Sprinkler Roughing, Fire-blocking, Electrical Roughing, Fire Alarm Roughing, Penetrations Sealing and Fire-Resistant Construction** – All shall be completed, plumbing pipes (water & gas) shall be pressurized, all nail plates and metal straps shall be installed, electrical roughing under writer certificate shall be provided.
- Energy Code Compliance** – See attached checklist.
- Final** – When you have completed the application for final inspection & certificate of occupancy (provided by the Building Department). _____
- Operating Permit Obtained – (Multiple Dwellings and Commercial Buildings)** For safeguards during construction and demolition _____

DANIEL LEAN GILLIES
PRINT OWNER/AGENT NAME

Daniel J. Gillies
OWNER/AGENT SIGNATURE

8-30-2022
DATE