

**INCORPORATED VILLAGE OF OYSTER BAY COVE  
BUILDING DEPARTMENT**

**#25B-Route 25A  
OYSTER BAY, NY 11771**

**PHONE: (516) 922-1071  
FAX: (516) 922-1761**

**Instructions for filing Construction Plans  
\$150.00 Application Fee**

New York State has adopted a new model building code entitled "The Building Code of the State of New York (BCNYS)" which was in full effect on January 1, 2011. The new code consists of several volume based on the ICC family of Codes. The complete sets of individual volumes may be purchased by contacting The International Council of Building Officials (ICBO) at 1-800-284-4406. All building permit applications must be designed in accordance with this code. It is required for all approved plans to be on-site at the time of inspection. If these approved plans are not on-site at the time of inspection, the inspector may be forced to re-schedule your inspection.

All-buildings in the incorporated Village Of Oyster Bay Cove are located within 100 mph wind zone and must be designed in accordance with one of the following reference standards:

1. American Forest and Paper Association (AF&PA) "Wood Frame Construction Manual for One and Two-Family Dwellings" [www.awc.org](http://www.awc.org).
2. Southern Building Code Congress-"International Standard for Hurricane Resistant Residential Construction"-[www.sbcci.org](http://www.sbcci.org).
3. American Society of Civil Engineers-"Minimum Design Loads for Buildings and Other Structures"-[www.asce.org](http://www.asce.org).

The majority of properties north of 25A, within one mile of the sound and/or bay are also in the Wind-Borne Debris region and all glazed openings on structures must be protected with glass meeting the large missile test certification or with structural shutters or plywood meeting the requirements of BCNYS section 1609.1.4.

**PLEASE SUPPLY (2) TWO SETS OF PLANS\***

The following information is required to be submitted with every set of construction drawings signed and sealed by a NYS licensed Architect or Engineer:

1. Denote the reference standard utilized in the design of the structure.
2. Denote floor areas of all existing and proposed work.
3. Stipulate design loads inclusive of live, dead, snow, wind and seismic utilized in the design of the structure.
4. Provide a window and door schedule-denoting conformance with the emergency escape requirements, light, and ventilation and missile test (if applic.)
5. Energy Calculations signed and sealed by professional record.
6. Provide a nailing schedule for all structural elements and roof shingles.
7. Denote on floor plans location of smoke detectors and carbon monoxide detectors.

The following details must be submitted on each set of plans:

1. All clips, straps and foundation anchors that are required by code.
2. All structural components inclusive of columns, girders, joists, lintels, headers, wall and roof framing with all lumber dimensions, species, grades, spacing, etc. called out.
3. Truss Design Drawings (if applicable) signed and sealed with attached details.
4. Plumber Riser Diagram.

\*If it is determined that an application requires site plan review or engineering review, additional sets of plans will be required. See site plan review application for submission requirements.



**INCORPORATED VILLAGE OF OYSTER BAY COVE  
BUILDING DEPARTMENT**

#25B-Route 25A, OYSTER BAY, NEW YORK 11771  
(516) 922-1071 Phone

**APPLICATION FOR PLUMBING FIXTURES**  
APPLICATION MUST BE TYPEWRITTEN OR PRINTED IN INK LEGIBLY.

SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

OWNER/  
LESSEE:

NAME	STREET ADDRESS	POST OFFICE	ZIP	PHONE#
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PLUMBER:

ADDRESS OF CONSTRUCTION:

IF DIFFERENT FROM ABOVE	NO. & STREET	POST OFFICE	ZIP
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LOCATION OF PROPERTY:

N.E.S.W. SIDE OF: \_\_\_\_\_ FEET  
(STREET) (DIMEN)

N.E.S.W. OF \_\_\_\_\_  
(STREET) (POST OFFICE)

N.E.S.W. OF \_\_\_\_\_ corner of \_\_\_\_\_ and \_\_\_\_\_  
(STREET) (STREET&POST OFFICE)

TYPE OF BUILDING:

PROPOSED: \_\_\_\_\_ MAINTAINED: \_\_\_\_\_

FIXTURE COUNT:

Draw schematic diagram below-must indicate type of piping,  
Size, runs, & venting:

	B	1st	2nd	
Water Closet				
Lavatory				
Bath Tub				
Shower				
Kitchen Sink				
Dish Washer				
Laundry Tub				
Slop Sink				
Indirect Waste				
Urinal				
Other				

PLUMBER'S INFO:

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

LICENSE #: \_\_\_\_\_

NAME(Print): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

Phone#: \_\_\_\_\_

Acknowledged: \_\_\_\_\_

Master Plumber (Signature)

Notary Public



**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: \_\_\_\_\_

WORK MUST BEGIN BY \_\_\_\_\_

PERMIT EXP DATE \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_

# BLDGS ON LOT \_\_\_\_\_

Check one

OWNER OR  LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

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**

- NEW BUILDING
- ADDITION (CHANGE IN S.F.)
- DEMOLITION
- ALTERATION (NO CHANGE IN S.F.)
- MAINTAIN (PRE-EXISTING)
- RECONSTRUCTION
- DECK, TERRACE, PORCH, CARPORT
- DORMERS
- OTHER \_\_\_\_\_

- FIRE DAMAGE
- GARAGE/ OUT BUILDING
- HVAC
- PLUMBING
- RELOCATION
- REPLACEMENT
- SWIMMING POOL
- TENNIS COURT
- 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

DATE OF GRANTING OF PERMIT \_\_\_\_\_

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

Signature of Applicant/Contact Person - Sign & Print

FIELD REPORT ON REVERSE

Address of Applicant/Contact Person

Telephone

TOWN  
SCHOOL DISTRICT  
SECTION  
BLOCK  
LOT(S)  
CA # OR BLDG #  
UNIT #  
DATE

**617.20**  
**Appendix B**  
**Short Environmental Assessment Form**

**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.

<b>Part 1 - Project and Sponsor Information</b>			
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? 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.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <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, adjoining and near the proposed action.			
<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			



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	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"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: _____ Date: _____		
Signature: _____		

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** 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.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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)

**PRINT**

**RESET**

**INCORPORATED VILLAGE OF OYSTER BAY COVE**  
**25B - Route 25A**  
**OYSTER BAY, NY 11771**

Note: General Municipal Law of the State of New York, Section 809 enacted in 1969 requires the filing of the following completed Disclosure Statement)

**DISCLOSURE STATEMENT**

\_\_\_\_\_ deposes and says:  
Applicant(s)/Appellant(s) Name

- FOR INDIVIDUAL APPLICANTS** (Strike out if not applicable)  
the age of 21 and reside at \_\_\_\_\_

a. I am over

b. I am the \_\_\_\_\_ of the property designated  
(owner/contract vendee-insert one)

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ on the Nassau County Land and Tax Map which forms the subject matter of this application and am fully familiar with all the facts and circumstances hereinafter set forth.

- FOR CORPORATE APPLICANTS** (Strike out if not applicable)

a. I am the \_\_\_\_\_ of the \_\_\_\_\_ with  
(Office Held) (Name of Corp.)

offices locate at: \_\_\_\_\_

and am fully familiar with all the facts and circumstances hereinafter set forth.

b. The corporation was incorporated under the Laws of the State of \_\_\_\_\_ and is the \_\_\_\_\_ of the property designated as Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ on the Nassau County Land and Tax Map.

c. The following are the names and residences of each officer, director and shareholder: (Set forth names, residences and relationship to corp.) (Add additional sheet if necessary.)

d. That the corporate stock of said corporation has not been pledged to any person nor has any agreement been made to pledge the said stock (except: If any set forth details.)

- FOR PARTNERSHIP APPLICANTS** (Strike out if not applicable)

a. That I am \_\_\_\_\_ of the \_\_\_\_\_  
(Partner, Joint Venturer, etc.) (Name of Partnership)

and am fully familiar with all the facts and circumstances hereinafter set forth.

b. That the above partnership was established in \_\_\_\_\_  
(Place)

\_\_\_\_\_ on \_\_\_\_\_ and is the \_\_\_\_\_ of the property  
(Owner or Contract Vendee)

designated as Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ on the Nassau County Land and Tax Map.

c. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.): (Add additional sheet if necessary)

**INCORPORATED VILLAGE OF OYSTER BAY COVE  
25B - Route 25A  
OYSTER BAY, NY 11771**

**Disclosure Statement must be completed.**

2. That there are no encumbrances or holders of any instruments creating an encumbrance upon the subject property (except: if any set forth details.)
  
3. That neither deponent nor any other person mentioned; in this statement is a Village officer or employee, or is related to a Village officer or employee. (except: if any set forth details.)
  
4. That no State Officer or employee or local municipal officer or employee in the Nassau County or his spouse or a person by consanguinity related to either of them within the third degree is (are) the Applicant(s) or an officer, director or employee of the Applicant(s), or legally or beneficially owns or controls the corporate stock of the Applicant(s) or is a partner of the Applicant(s), expressed or implied whereby his compensation for services is to be dependent or contingent upon the favorable exercise of discretion in the granting of the application herein. (except: if any set forth details.)
  
5. That in the event there is any change in the matters set forth herein prior to the public hearing relating to the property affected hereby, deponent(s) will file with the Village a supplemental statement indicating the details of such change within 48 hours of such change.

**I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENT(S) MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

\_\_\_\_\_  
\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Applicants(s)/Appellant(s) Signature(s)

**Inc. Village of Oyster Bay Cove**

**BUILDING DEPARTMENT**

#25A - Route 25B  
OYSTER BAY, NY 11771

(516) 922-1071  
(516) 922-1761 FAX

**1) Worker's Compensation Insurance Requirements**

Please be advised that the following forms are the only acceptable documents for proof of worker's compensation insurance on all proposed building permit applications (*No Accord Forms accepted*).

Standard Form Numbers

C-105.21

**C-105.2**

**U-26.3**

The insurance documents must be an original (*no faxes or photocopies*) and note the Village as follows as the certificate holder:

The Incorporated Village of Oyster Bay Cove

**25B Route 25A**

**Oyster Bay, New York, 11771**

*Also please note the project name and address on the certificate so the Village can process the permit expeditiously. Thank You.*

**2) Liability Insurance**

Please be advised that the Accord form must be an original  
(no copies are accepted)

The project name and address must be on the accord form  
The Certificate Holder must name the Inc. Village of Oyster Bay Cove

**3) Disability Insurance**

Standard form DB120.1 with the Village of Oyster Bay Cove as certificate holder.

**ATTENTION APPLICANT:**

**PLEASE NOTIFY YOUR CONTRACTOR THAT THEIR INSURANCES  
MUST BE UPDATED AND CURRENT FOR THE DURATION OF THE  
PROJECT.**

**VALID CERTIFICATES MUST BE ON FILE WITH THE VILLAGE  
BUILDING DEPARTMENT.**

**OUR ADDRESS IS:**

**#25B-ROUTE 25A  
OYSTER BAY COVE, NY 11771**

**THANK YOU FOR YOUR COOPERATION**

**LOT AREA COMPUTATION SHEET**  
 (PURSUANT TO VILLAGE CODE 320-1)

<b>Property Owner:</b>	<b>Design Professional:</b>			
<b>Address:</b>	<b>Address:</b>			
<b>Phone:</b>	<b>Phone:</b>			
<b>Fax:</b>	<b>Fax:</b>			
<b>Project Description:</b>				
<b>Project Location:</b>				
<b>NCTM:</b>	<b>SEC:</b>	<b>BLK:</b>	<b>LOT:</b>	<b>ZONE:</b>

The following computations and their supporting documentation must be submitted for **EVERY BUILDING PERMIT APPLICATION WHICH INVOLVES ANY STRUCTURE EXPANSION OR STRUCTURE WHICH IS PROPOSED TO A BUILDING LOT.** (Exception: Interior alterations) Supporting documentation shall include current survey prepared by NYS licensed land surveyor showing all existing structures, driveways, topographic info (2' contours) and contour analysis, wetlands, flood plane, easements, street, right of way and trees which may be affected. **NO application shall be accepted without submission of this computation and supporting document.**

LOT AREA [Amended 11/25/1991 by L.L. No. 2-1991; 11-15-2005 by L.L. No. 14-2005]

A. The total horizontal area of a lot within its legal boundaries measured to the street line, excluding:

- 1) Any portion which has less than ½ of the minimum lot width for the zoning district; \_\_\_\_\_ **SF**
- 2) Any portion which lies within a driveway, right-of-way, or access easement serving any other lot or lots; \_\_\_\_\_ **SF**
- 3) Any portion which is within a street, right-of-way or lane; \_\_\_\_\_ **SF**
- 4) Any portion which is burdened by an easement or restriction that substantially affects the use or development of that portion of the lot which is not within the minimum front, side and rear yard; \_\_\_\_\_ **SF**
- 5) Any portion which is within "an area of special flood hazard" as defined in § 320-72 of this chapter; \_\_\_\_\_ **SF**
- 6) Seventy-five percent of any portion which constitutes a wetland, water body or watercourse, or is within a buffer area, as defined in the Village Code; and [Amended 3-21-2006 by L.L. 4-2006] \_\_\_\_\_ **SF**

7) Twenty-five percent of any portion which constitutes a steep slope, and 50% of any portion which constitutes a very steep slope area, as defined in the Village Code.

- STEEP SLOPE \_\_\_\_\_ SF x .25 = \_\_\_\_\_ SF
- VERY STEEP SLOPE \_\_\_\_\_ SF x .5 = \_\_\_\_\_ SF

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**SUB TOTAL AREA EXCLUSIONS** \_\_\_\_\_ SF  
 ( \_\_\_\_\_ )  
**ACRE(S)**

B. Notwithstanding the foregoing, the area of any lot which lawfully existed in the Village prior to September 1, 2004, shall not be deemed to be less than the minimum lot size required in the district in which it is located, or to otherwise be made nonconforming, as a result of exclusions in Subsection A(6) and (7) above. Lot area exclusion in Subsection A(1) and (4) above shall not be deducted from the lot area when computing the maximum building area on any such lot. Any such nonconforming lot may continue to exist and be used without the need for variances; provided, however, that any change in use or development of any such lot shall comply with all requirements of the zoning regulations of the Village of Oyster Bay Cove other than requirements for minimum lot area. In case of a nonconforming building which lawfully existed as of February 1, 2006, alterations or additions to such building are permitted notwithstanding the front setback requirements in this section, provided that the alterations or additions are located within the existing footprint of the building and are at least 75 feet from the front property line. [Amended 3-21-2006 by L.L. No. 4-2006]

**TOTAL LOT AREA EXCLUSIONS** \_\_\_\_\_ SF  
 ( \_\_\_\_\_ )  
**ACRE(S)**

\_\_\_\_\_ SF - \_\_\_\_\_ SF = \_\_\_\_\_ SF  
**BASE LOT AREA                      LOT AREA EXCLUSIONS                      \*NET TOTAL LOT AREA**  
  
( \_\_\_\_\_ )  
**\*NET ACRES**

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**SIGNATURE AND STAMP OF DESIGN PROFESSIONAL**

**\*THIS NET LOT AREA (S.F.) SHALL BE USED AS THE BASELINE FOR COMPUTING ALL ZONING LOT COVERAGE CALCULATIONS.**