INCORPORATED VILLAGE OF OYSTER BAY COVE
BUILDING DEPARTMENT

DEMOLITION

DEMOLITION-PERMIT APPLICATION INSTRUCTIONS:

1. Submit Building Permit application form filled out with notarized signature; include owner's address and telephone number.
2. Letters for disconnection of utility services (LIPA, National Grid, water, sanitary)
3. Rodent free certification from Nassau County Health Department- www.nassaucountyny.gov
4. Complete Board of Assessor's Form.
5. Two (2) copies of recent property survey denoting location of structure to be demolished. Survey must be clean copy with name, signature, and professional seal of surveyor clearly visible. Survey must show ALL existing structures on property.
6. Carting receipts for proper disposal. No debris shall remain on site (above or below grade).
7. Photographs of removal process.
8. Insurance Certificate listing the following insurance policies:
   A) Worker's Compensation B) NYS Disability C) General Liability

***** Certificate holder names on certificate to be written as:**
Incorporated Village of Oyster Bay Cove (and homeowner's name)
#25B-Route 25A, Oyster Bay, NY 11771***

8. Permit Fee: $100 Application fee + $100 Certificate of Completion Fee.
9. Permits will not be issued until a security in the form of a paper (performance bond) or certified check in the amount of $2,000 for demolition of an accessory structure and $10,000 for a principal dwelling. Bond to be returned upon final completion approval from building inspector and Board of Trustees.

THE FOLLWING IS REQUIRED TO OBTAIN A CERTIFICATE OF COMPLETION:

1. Upon Submission of all items listed above.
2. Final Inspection.

**OBTAINING A CERTIFICATE OF COMPLETION IS THE HOMEOWNER'S RESPONSIBILITY.*

Rev 4/12

INCORPORATED VILLAGE OF OYSTER BAY COVE
#25B-Route 25A
OYSTER BAY, NY 11771
Phone: (516) 922-1016
Building Dept: (516) 922-1071
Fax: (516) 922-1761
www.oysterbaycove.net

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Issued pursuant to the Building Zone Ordinance and the Administration and Enforcement Ordinance of The Code of the Village of Oyster Bay Cove:

PLEASE FILL OUT IN DUPLICATE COMPLETELY AND TYPE OR PRINT LEGIBLY:

Section:_____ Block:_____ Lot(s):_____ Date:_____ Zone: _____
Owner's Last Name:_____ First name:_____ Middle I:____
Address:_____ City:_____
Home Phone ( ) _____ Business Phone: ( ) _____
Applicant's Last Name: _____ First Name: _____ Middle I: ___
Address: _____ City:_____
Home Phone ( ) _____ Business Phone: ( ) _____
Description of work: _____
_____
_____
_____
Address Location of Permit Activity: _____

PROPERTY INFORMATION:
Is this permit to legalize an existing structure? Yes ( ) No ( )
Will any trees be cut down? Yes ( ) No ( )
Estimated cost of proposed construction: _____
SF of Lot _____ % of lot area _____ Present use of Building _____
Proposed Use _____ Size of Proposed Building _____ Proposed Lot Coverage(%)____

ARCHITECT/ ENGINEER:
Last Name: _____ First Name: _____ License # :_____
Business Name: _____ Address: _____
City: _____ State:_____ Zip: _____ Phone # ( )_____

CONTRACTOR:
Business Name: _____ License #: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone # ( )_____
Fax: ( )_____

ELECTRICIAN:
Last Name: _____ First Name: _____ License # :_____
Business Name: _____ Address: _____
City: _____ State:_____ Zip: _____ Phone # ( )_____
Fax: ( )_____

PLUMBER:
Last Name: _____ First Name: _____ License # :_____
Business Name:_____ Address: _____
City: _____ State:_____ Zip: _____ Phone # ( )_____
Fax: ( ) _____

OWNERS'S AUTHORIZATION

I (we) here by agree that:

1) I agree to permit the Building Inspector and any officer or employee of the Inc. Village of Oyster Bay Cove to enter upon the premises in the discharge of their duties with this application.
2) Approved plans and a copy of approved permit will remain on the premises at all times until a Certificate of Occupancy/ Completion is issued. These plans will be made available to the Building Inspector.
3) Building Inspector will be given a min of 48 hours Notice to make the required inspection and no work will continue until such inspection has been completed and approved.
4) Owner or his representative will be responsible to arrange for all required inspections.
5) Permit will expire within one (1) year from date of issuance, unless construction is in progress. No work is to be started until permit has been issued and posted at location of permit activity.

State of New York:
County of Nassau:

_____
Please print- property in name of

depose and says: that he/ she resides at _____
Mail address of owner

in the State of _____, that he / she is the owner in fee of all certain lots, parcel of land shown on the attached survey Section _____ Block _____ Lot(s) _____ situated, lying and being within The Inc. Village of Oyster Bay Cove; that I/ we have read and accordance with the approved application and accompanying plans, of which he/ she is familiar with and that he/ she hereby names _____ _____as his or her representative to file this application on his/her behalf.

Signature of Owner _____

Sworn to me this_____day of _____200____

Signature of Notary Public_____

IT IS THE RESPONSIBILITY OF THE OWNER TO ARRANGE ALL INSPECTIONS TO FACILITATE THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY/ COMPLETION PRIOR TO EXPIRATION. FAILURE TO OBTAIN A CERTIFICATE WITHIN THE REQUIRED PERMIT TIME WILL REQUIRE A NEW PERMIT TO BE SUBMITTED.

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 <u>only</u> 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

REV 1/2011

NASSAU COUNTY DEPARTMENT OF HEALTH
OFFICE OF COMMUNITY SANITATION
516-227-9715

RODENT FREE CERTIFICATION PRIOR TO DEMOLITION

FOR OFFICE USE

DATE RECEIVED:	NOTIFICATION	WALK / MAIL / OTHER	PAYMENT	mo (#) / cc (#)	FISCAL	DATE SENT	SUPERVISOR REVIEW	DATE / LOG OUT	ASSIGNED TO	INITIALS/ ID#	LOG NUMBER: D

TO BE COMPLETED PRIOR TO SUBMISSION TO THE HEALTH DEPARTMENT

DEMOLITION TYPE
☐ COMPLETE
☐ PARTIAL (Describe Structures)_____

LOCATION OF PROPERTY/PREMISES:

PROPERTY USAGE
☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL
☐ MIXED USE *(Describe Usage)*_____

STREET ADDRESS:

BUILDING STRUCTURE
☐ WOOD ☐ CONCRETE ☐ STEEL

VILLAGE:

BUILDING FOUNDATION
☐ FULL BASEMENT ☐ SLAB ☐ CRAWL SPACE

CROSS STREET:

ANY TANKS ON SITE: ☐ A/G ☐ B/G ☐ NONE

UTILITIES SHUT OFF: ☐ YES ☐ NO

PROPERTY REMAINS UNDISTURBED ? ☐ YES ☐ NO

PROPERTY ACCESSIBLE FOR INSPECTION ? ☐ YES ☐ NO

ANY GATES? ☐ YES ☐ NO

CONTACT INFORMATION:

PROPERTY OWNER:
(Name)_____ (Phone)_____
(Street Address) _____ (Village)_____

DEMOLITION COMPANY:
(Name)_____ (Phone)_____
(Street Address) _____ (Village)_____

PERSON REQUESTING CERTIFICATE:
(Name)_____(Phone)_____
TITLE: (check the appropriate box)
PROPERTY OWNER _____ DEMO/CONTRACTOR _____ AGENT _____ OTHER (List title)_____
(Street Address) _____ (Village)_____

*SIGNATURE OF THE APPLICANT:*_____ *DATE:*_____

RODENT FREE CERTIFICATION

In accordance with Nassau County Public Health Ordinance Article VII Section 13, an inspection of the above referenced property was inspected on this date. The inspection found no evidence of any rodent activity at the time of this inspection. The Rodent Free Certificate is valid for 10 (ten) days from the date of inspection,and demolition on this premises MUST begin within 10 days. Failure to do so, will deem this certification invalid. You will be required to obtain a *new* Rodent Free Certification from the Health Department prior to the start of any demolition on these premises .

Certification By Nassau County Health Department

Name of Sanitarian:_____

Date of Property Inspection _____

FOR APPLICANT'S USE

SITE OR PLOT PLAN

PROVIDE A SKETCH OF THE PROPERTY WITH THE LOCATION OF ALL BUILDINGS/STRUCTURES

FOR DEPARTMENT USE ONLY

INSPECTION NOTES: ☐ **PASS** ☐ **FAILED** ☐ **CONDITIONAL**

CERTIFICATE : ☐ **LEFT ON SITE** ☐ **OFFICE P/U** ☐ **OTHER ARRANGEMENTS (LIST)**

DATE: _____ **INSPECTOR'S SIGNATURE:** _____

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 (ON 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 _____

PRINCIPLE TYPE OF CONSTRUCTION
- ☐ STEEL
- ☐ MASONRY
- ☐ FRAME

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

FIELD REPORT ON REVERSE

Signature of Applicant/Contact Person - Sign & Print

Address of Applicant/Contact Person

Telephone

Rev 08/11

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.

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? 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 ☐	YES ☐
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 ☐	YES ☐
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. ☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____ ☐ Parkland				

RESET

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations?	☐	☐	☐
b. Consistent with the adopted comprehensive plan?	☐	☐	☐

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☐
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	☐	☐
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	☐	☐
b. Are public transportation service(s) available at or near the site of the proposed action?	☐	☐
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	☐	☐
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: _____	☐	☐
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	☐	☐
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	☐	☐
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	☐	☐
b. Is the proposed action located in an archeological sensitive area?	☐	☐
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: _____	☐	☐

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:
☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional
☐ Wetland ☐ Urban ☐ Suburban

	NO	YES
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?	☐	☐
16. Is the project site located in the 100 year flood plain?	☐	☐
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? ☐ NO ☐ YES	☐	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: ☐ NO ☐ YES _____		

RESET

	NO	YES
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: _____	☐	☐
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: _____	☐	☐
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: _____	☐	☐

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

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?	☐	☐
2. Will the proposed action result in a change in the use or intensity of use of land?	☐	☐
3. Will the proposed action impair the character or quality of the existing community?	☐	☐
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	☐	☐
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?	☐	☐
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?	☐	☐
7. Will the proposed action impact existing: a. public / private water supplies?	☐	☐
b. public / private wastewater treatment utilities?	☐	☐
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	☐	☐
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	☐	☐

RESET

	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?	☐	☐
11. Will the proposed action create a hazard to environmental resources or human health?	☐	☐

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.

☐ 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.

☐ 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)**

a. I am over the age of 21 and reside at _____

_____

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)