



Roslyn Harbor

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

Pre-Existing Certificate of Occupancy Application And Checklist

All Applications for a Certificate of Existing Use shall include the following documentation*:

1. Fill out the attached application in its entirety;
2. Submit (1) survey showing all current structures and their setbacks on premises. The survey must be dated within two years of the date of the application and contain the original seal and signature of the licensed land surveyor;
3. Supporting documentation that the structure (s) were in existence prior to December 28, 1931. Typical information submitted as proof of a Pre-Existing use are:
 - Supporting Affidavits by persons familiar with the property documenting continuous specific uses, buildings and structures on a property from prior to December 28, 1931, to present;
 - Copy of Nassau County Assessor's Card/Assessors Records
 - Obtain and Age Letter from the Nassau County Department of Assessment, 240 Old Country Road, Mineola, Room 402
 - Any other information which conclusively proves a continuous chain of Pre-Existing use.
4. Smoke Alarm and Carbon Monoxide Detector Affidavit – Smoke detectors shall be installed in each bedroom, in the hallways outside each separate sleeping area in the immediate vicinity of the bedrooms and on each additional story of the dwelling, including basements/cellars. Carbon monoxide alarms shall be installed on any story having a sleeping area and on any story where fuel-fired and equipment, fireplaces or attached garages are located. Carbon monoxide alarms are prohibited from being located within or near the openings to garages, bathrooms and boiler rooms.
5. Non-Refundable fee of \$150 (cash or check made payable to the Inc. Village of Roslyn Harbor).
6. Inspection is required of the entire parcel. Please schedule an inspection upon remittance of application and fee.
7. Owner(s) Authorization (if applicable).
8. Smoke Alarm and Carbon Monoxide Detector Affidavit.

*Building Inspector may require floor plans and/or an original Certificate of Electrical Inspection



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Pre-Existing Application

Application Date: _____

Owners Name: _____

Address: _____ Section: _____ Block: _____ Lot (s): _____

Telephone: _____ Email: _____

Applicant Name: _____

Address: _____ Email: _____

Agent Filing Application: _____ Phone: _____

Address: _____ Email: _____

Notice and Disclaimer

I, _____, owner of or agent for the owner of, am requesting a Duplicate Certificate of Occupancy or a Letter of Pre-Existing Use for the listing above. I have a survey depicting all current structures on the property and the fee of \$150 per signed duplicate CO or Letter of Pre-Existing Use.

I understand that an inspection is required of the entire property and throughout all buildings and structures present on the property. Further I understand that any building or structure found on the property that does not have an issued Certificate of Occupancy or Certificate of Compliance and found to have been constructed prior to 1931, may require building permits and is subject to building codes and zoning of the Inc. Village of Roslyn Harbor.

Smoke detectors and carbon monoxide detectors are invaluable life safety devices. The Village strongly advocates for the installation of these devices. The Residential Building Code of New York State requires that these alarms be installed whenever repairs or alterations are made to existing buildings, or for new additions. Please be aware inspections in connection with this application may result in requiring fire safety devices to be installed.

PRINT NAME (owner or authorized agent)

SIGNATURE

DATE

SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF _____, 20____

NOTARY PUBLIC



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



Smoke Alarm and Carbon Monoxide Detector

(STATE OF NEW YORK)
(COUNTY OF NASSAU)

_____, being duly sworn, deposes and says:
(Owner/Agent)

- 1. I am the _____ of the premises located at _____, known as Section ___ Block ___ Lot(s) _____, which is improved by a single family dwelling.
- 2. That smoke alarms are installed in each sleeping room and outside each separate sleeping area in the immediate vicinity of the bedrooms, and on each additional story of the dwelling, including basements. In addition, wherever building additions or alterations are proposed to the interior of existing buildings which require permits to a one or two family dwelling, such devices shall be required to be directly connected to the lighting circuit of the dwelling unit or sleeping room, with no intervening wall switch, and to have a battery backup.
- 3. A carbon monoxide alarm shall be provided in buildings on the lowest story containing a sleeping area, within 15 feet of the sleeping area. More than one carbon monoxide alarm shall be provided where necessary to assure that no sleeping area on such story is more than 15 feet away from a carbon monoxide alarm.

I make this affidavit pursuant to New York State Building, Fire and Property Maintenance Code.

Signature of Owner/Agent: _____

Sworn to before me this ___ day
of _____, 20___

Notary Public