



COUNTY OF NASSAU
DEPARTMENT OF PUBLIC WORKS
1194 PROSPECT AVENUE
WESTBURY, NEW YORK 11590-2723

NEW YORK STATE GENERAL MUNICIPAL LAW§ 239-f,
MUNICIPAL REFERRAL OF APPLICATION – RESIDENTIAL

Property: Section _____ Block _____ Lot(s) _____

Physical Address: _____

Property Owner - Name: _____

Address: _____ Phone: _____

Property Owner’s Authorized Project Representative: (i.e. Engineer, Architect, Applicant, Design Professional, etc.)

The Design Professional must submit plans which comply with NYS GML §239-f, the County’s latest design standards, and items indicated on the *239-f Initial Submission Checklist*. **The undersigned authorized project representative to be the single point of contact with County representatives regarding this application.**

Authorized Project Representative: Name/Title _____

Company/Firm Name: _____

Email: _____ Phone: _____

Scope of Work Description: _____

Application Fees – Checks to be made payable to ‘Nassau County Treasurer’

- **Initial Submission** – \$1,500.00 Fee. Check # _____ (Enclosed)
- **Cost of Construction Affidavit** – An accurate breakdown of the total construction cost for this project, outlining estimates for all site work, the core/shell of the building(s) or structure(s), and all right-of-way work
- **239f Approval Fee** – Amount indicated on the Cost of Construction affidavit, multiplied by 0.75%. This fee is applicable when the project cost of construction exceeds \$250,000.00
- **Resubmittal Fee** – Should the Cost of Construction estimate be under \$250,000.00, then a fee of \$740.00 will be applied to each resubmission. This will be calculated at the completion of the review process

Please note – all 239f applications, 239f submission checklist, and plan sets are to be emailed to 239f@nassaucountyny.gov All fees are to be hand delivered/mailed to – NCDPW Permits Office – Room 102, 1194 Prospect Ave, Westbury, NY 11590 with a copy of this form. All fees must be submitted prior to the release of the County reviewed and approved plan set

MUNICIPAL USE ONLY

Referring Municipality Name: _____

Referring Agency Application # / ID: _____

Plan Examiner Name/Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____