



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	LOCATION OF PROPERTY/PREMISES:
<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL (Describe Structures) _____	
PROPERTY USAGE	STREET ADDRESS:
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> MIXED USE (Describe Usage) _____	
BUILDING STRUCTURE	VILLAGE:
<input type="checkbox"/> WOOD <input type="checkbox"/> CONCRETE <input type="checkbox"/> STEEL	
BUILDING FOUNDATION	CROSS STREET:
<input type="checkbox"/> FULL BASEMENT <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWL SPACE	
ANY TANKS ON SITE: <input type="checkbox"/> A/G <input type="checkbox"/> B/G <input type="checkbox"/> NONE	UTILITIES SHUT OFF: <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY REMAINS UNDISTURBED ? <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY ACCESSIBLE FOR INSPECTION ? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ANY GATES? <input type="checkbox"/> YES <input type="checkbox"/> 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	Date of Property Inspection
Name of Sanitarian: _____	_____

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: _____