FOR OFFICE USE ONLY		RODEN	Office of Co 200 Co Mineola, 510 IT FREE CERTIFI AP	DEPARTMENT OF HEALTH mmunity Sanitation unty Seat Drive New York 11501 5-227-9715 CATION BEFORE DEMOLITION PLICATION			RODENT FREE APPLICATION DEMOLITION LOG #				
DATE RECEIVED: ASSIGNED T		υ.	ъ Б								
				LOCATION INFO							
PAYMENT TYPE	: ID#			ATIC	VILLAGE						
Bank											
Check 🗌				DEMOLITION	CROSS STREET	-	SECTION	BLOCK	LOT(S)		
Money	ID#			100							
Order 🗌				DEN							
DEMOLITION	N TYPE			1			0				
ALL Building(s	DEMOLITION) / Structure(s) to L DEMOLITIONS res(s) to be Demo	be Demolish S -	ned	PARTIAL DEMOLITION ONLY a Portion of the Building(s)/ Structure(s) is to be Demolished*							
PROPERTY	USAGE										
Residential		Industrial		Commercial		Mixed Use (Describe)					
Wa	Water		Electric Ga		as	Sev	wer	Fuel Oil Tank			
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
FUEL OIL T	ANK(S) INFOR	MATION									
Underground Tank(s) Abovegi			round Tank(s)	# of Tanks	Tank Size	Tank R	emoved	Tank Re	emoval Date		
Yes	No	Yes	No			Yes	No				
I	STURBANCE	ON PROPE		HE RODENT	FREE INSF	PECTION	u	n			
ANY WORK D to this APPLIC	ONE on Propert	ty <u>PRIOR</u>	YES * □			NONE 🗆					
* <u>LIST</u> The GROUND DISTURBANCE WORK done on the Property :											
ACCESS AN	D SAFETY										
ANY Construction Gates/ Barriers surrounding Property that can prevent entry to property?					YES*		NO				
NEED a KEY	OR LOCK COD		YES*		NO						
* <u>List</u> Location of the KEY - or - * <u>List</u> Lock Code for entry:											
Is it <u>SAFE</u> to walk around Property, Building(s) or Structu				re(s)?	YES		NO*				
* <u>LIST</u> ALL Physical Hazards on the Property:											
	$\underline{PAGE} \xrightarrow{2} $	$\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow$	$\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow$	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	→→		
REVISED: 12/2015											

			PAG	E 2						
Log#		Address			Hamlet					
	PROVIDE IN SPACE BE	LOW -SKETC	H OF PROPERTY WITH	THE LOCATION	IL OF ALL BUILD	DINGS/STRUCTURES ON SITE				
	INFORMATION - PRO	-	T							
NAME		_	ADDRESS			TELEPHONE NUMBER(S)				
CONTACT	INFORMATION - DEM		COMPANY			1				
NAME			ADDRESS		TELEPHONE NUMBER(S)					
			 			· · ·				
	INFORMATION - PER		JESTING RODENT FREE CERTIFICATION							
NAME		 	ADDRESS		TELEPHONE NUMBER(S)					
TITLE:										
	RODENT F	REE CERT		TO OBTAIN (COMPLETE					
	RODENT FREE CERTIFICATE - METHOD TO OBTAIN COMPLETED CERTIFICATE									
Office pick	k-up	Leave on s	site	Other (Descri	ibe):					
	NT ACKNOWLEDGES									
1) <u>NO</u> demolition work can begin without an inspection of the property, including the exterior of all structures on the premises and										
grounds by a Nassau County Department of Health representative to determine if there is rodent activity. If rodent activity has been identified on the property, then extermination by a New York State licensed exterminator is required to prevent the spread of rodents										
throughout the neighborhood. No work can be started until extermination is complete.										
2) Building(s) / structure(s) on this property must be intact and the land must remain in an unaltered state for the inspection to take										
place. If any work is done on the property that results in ground disturbance BEFORE the inspection takes place, then the										
inspection is deemed INVALID and the Rodent Free Certificate will not be issued by the Nassau County Department of Health.										
-					-	he property. Demolition of the				
- · ·	and/or structure(s) on the nent of Health.	ne premises	MUST De completea	Within ten (10)	days nom a	he date of issuance of certification by				
4) PENALT										
Any person	Any person, firm or corporation that violates Nassau County Public Health Ordinance, ArticleVII, Section 13, by demolishing any									
building(s)	and/or structure(s) on the	he above ref	ferenced property wit	hout obtaining	a Rodent Fr	ree Certificate issued by the Nassau				
County Department of Health, WILL be subject to enforcement action by this Department.										
ACKNOWLEDGEMENT SIGNED (BELOW): APPLICANT										
APPLICANT PRINT NAME	E:									
APPLICANT SIGNATURE:	:					DATE:				
TITLE:						1				