



**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 (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY: _____

Check one: OWNER OR LESSEE

NAME OF BUSINESS: _____

CITY, TOWN, VILLAGE: _____ ZIP: _____

CONTACT PERSON/OWNER: _____

ESTIMATED COST OF CONSTRUCTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WORK MUST BEGIN BY: _____ PRINCIPLE TYPE OF CONSTRUCTION: _____

PERMIT EXP DATE: _____

STEEL

MASONRY

FRAME

PHONE: _____

EMAIL: _____

LOT SIZE S.F.: _____

BLDGS ON LOT: _____

**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	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

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

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person - Sign & Print _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person _____ Telephone _____

FIELD REPORT ON REVERSE

TOWN _____
SCHOOL DISTRICT _____
SECTION _____
BLOCK _____
LOT(S) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____



**BUILDING PERMIT
COMMERCIAL OR MIXED USE PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: _____

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 (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY _____ Check one NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____ CONTACT PERSON _____

ESTIMATED COST OF CONSTRUCTION: _____ OWNER OR LESSEE ADDRESS _____ CITY, STATE, ZIP _____

DATE TO BEGIN _____ PRINCIPLE TYPE OF CONSTRUCTION _____ PHONE _____

DATE TO COMPLETE _____ STEEL EMAIL _____

LOT SIZE S.F. _____ MASONRY

BLDGS ON LOT _____ OTHER

If you wish to group or apportion lots, please call 516-571-1500 for more information.

DESCRIPTION OF WORK *IN DETAIL* (PLEASE PRINT CLEARLY)

CHECK ALL THAT APPLY **USE BY SIZE AND FLOOR**

- NEW BUILDING
 - ADDITION (CHANGE IN S.F.)
 - DEMOLITION
 - ALTERATION (NO CHANGE IN S.F.)
 - OTHER (Describe) _____
 - FAÇADE
 - BASEMENT RENOVATION/ALTERATION
 - HVAC
 - ROOF
 - PLUMBING
- | | | |
|---|-------------|-----------------|
| | SIZE | QUANTITY |
| <input type="checkbox"/> ELEVATORS | _____ | _____ |
| <input type="checkbox"/> SPRINKLERS | _____ | _____ |
| <input type="checkbox"/> SOLAR | _____ | _____ |
| <input type="checkbox"/> ANTENNA | _____ | _____ |
| <input type="checkbox"/> BILLBOARD | _____ | _____ |
| <input type="checkbox"/> SATELLITE DISH | _____ | _____ |

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT	_____	_____	_____	_____
1ST	_____	_____	_____	_____
1ST addnl use	_____	_____	_____	_____
2ND	_____	_____	_____	_____
UPPER FLOORS	_____	_____	_____	_____
TOTAL # FLOORS	_____	_____	_____	_____

List additional use in comments section

Residential Use				
	Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
CO-OP	<input type="checkbox"/>	_____	_____	_____
CONDO	<input type="checkbox"/>	_____	_____	_____
RENTAL	<input type="checkbox"/>	_____	_____	_____
Studio	_____	_____	_____	_____
1BDRM	_____	_____	_____	_____
2BDRM	_____	_____	_____	_____
3BDRM	_____	_____	_____	_____
4 BDRM	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
Describe	_____	_____	_____	_____

COMMENTS

Approved By _____

Date of Granting of Permit _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person _____

FIELD REPORT ON REVERSE Please Print Name _____ Tele # _____

Township _____

School District _____

Section _____

Block _____

Lot(s) _____

Date _____