



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

SECTION	BLOCK	LOT (S)	SCHDIST #	PERMIT #	SPECIFIC ZONING DESIGNATION
Location of Building					
ADDRESS OF PROPERTY					
CITY, TOWN, VILLAGE					
ESTIMATED COST OF CONSTRUCTION:					
WORK MUST BEGIN BY					
PERMIT EXP DATE					
LOT SIZE S.F.					
# BLDGS ON LOT					

NAME OF BUSINESS	NAME OF BUSINESS
Check one	CONTACT PERSON/OWNER
<input type="checkbox"/> OWNER	ADDRESS
<input type="checkbox"/> OR	CITY, STATE, ZIP
<input type="checkbox"/> LESSEE	PHONE
	EMAIL

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

<p>PERMIT TYPE - CHECK ALL ITEMS THAT APPLY</p> <p><input type="checkbox"/> NEW BUILDING</p> <p><input type="checkbox"/> ADDITION (CHANGE IN S.F.)</p> <p><input type="checkbox"/> DEMOLITION</p> <p><input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)</p> <p><input type="checkbox"/> MAINTAIN (PRE-EXISTING)</p> <p><input type="checkbox"/> RECONSTRUCTION</p> <p><input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT</p> <p><input type="checkbox"/> DORMERS</p> <p><input type="checkbox"/> OTHER _____</p>	<p>DOES RESIDENCE HAVE THE FOLLOWING</p> <p>CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>BASEMENT FINISH</p> <p>1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/></p>
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PROPOSED TOTAL PLUMBING FIXTURES		
FLOOR/FIXTURE	BASEMENT	1ST FLOOR
BATHROOM SINK		
TOILET		
BATHTUB		
STALL SHOWER		
BIDET		
KITCHEN SINK		
WET BAR		
		2ND FLOOR
		3RD FLOOR

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 <input type="checkbox"/> NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/> NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 _____