



**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	NAME OF BUSINESS	
CITY, TOWN, VILLAGE		ZIP		CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS	
WORK MUST BEGIN BY			PHONE	CITY, STATE, ZIP	
PERMIT EXP DATE		PRINCIPLE TYPE OF CONSTRUCTION		EMAIL	
LOT SIZE S.F.		<input type="checkbox"/> STEEL	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION		
# BLDGS ON LOT		<input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME			
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"/> FIRE DAMAGE		CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)		<input type="checkbox"/> GARAGE/ OUT BUILDING		FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> DEMOLITION		<input type="checkbox"/> HVAC		BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)		<input type="checkbox"/> PLUMBING		1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)		<input type="checkbox"/> RELOCATION			
<input type="checkbox"/> RECONSTRUCTION		<input type="checkbox"/> REPLACEMENT			
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT		<input type="checkbox"/> SWIMMING POOL			
<input type="checkbox"/> DORMERS		<input type="checkbox"/> TENNIS COURT			
<input type="checkbox"/> OTHER _____		<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 <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 _____		
FIELD REPORT ON REVERSE					

TOWN - CITY - VILLAGE OF: _____
SCHOOL DISTRICT _____
SECTION _____
BLOCK _____
LOT(S) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____