



**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: _____

CITY, TOWN, VILLAGE: _____ ZIP: _____

ESTIMATED COST OF CONSTRUCTION: _____

DATE TO BEGIN: _____ DATE TO COMPLETE: _____

LOT SIZE S.F.: _____ # BLDGS ON LOT: _____

PRINCIPLE TYPE OF CONSTRUCTION:
 STEEL
 MASONRY
 OTHER

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

Check one: OWNER OR LESSEE

NAME OF BUSINESS: _____ CONTACT PERSON: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

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

| CHECK ALL THAT APPLY | | USE BY SIZE AND FLOOR | | | |
|---|---------------|---|---------|--------------------|---------|
| <input type="checkbox"/> NEW BUILDING | | EXISTING S.F. AREA | | PROPOSED S.F. AREA | |
| <input type="checkbox"/> ADDITION (CHANGE IN S.F.) | | Use | Size SF | Use | Size SF |
| <input type="checkbox"/> DEMOLITION | | BSMT | | | |
| <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) | | 1ST | | | |
| <input type="checkbox"/> OTHER (Describe) _____ | | 1ST addtl use | | | |
| <input type="checkbox"/> FAÇADE | | 2ND | | | |
| <input type="checkbox"/> BASEMENT RENOVATION/ALTERATION | | UPPER FLOORS | | | |
| <input type="checkbox"/> HVAC | | TOTAL # FLOORS | | | |
| <input type="checkbox"/> ROOF | | List additional use in comments section | | | |
| <input type="checkbox"/> PLUMBING | | Residential Use | | | |
| <input type="checkbox"/> ELEVATORS | SIZE QUANTITY | Existing # Units | | Existing Sq. Feet | |
| <input type="checkbox"/> SPRINKLERS | _____ | Proposed # Units | | Proposed Sq. Feet | |
| <input type="checkbox"/> SOLAR | _____ | Studio | | | |
| <input type="checkbox"/> ANTENNA | _____ | 1BDRM | | | |
| <input type="checkbox"/> BILLBOARD | _____ | 2BDRM | | | |
| <input type="checkbox"/> SATELLITE DISH | _____ | 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