


<div></div> <div><b>BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT NASSAU COUNTY</b> 240 Old Country Road, Mineola, NY 11501 TOWN - CITY - VILLAGE OF: _____</div>					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  <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			CONTACT PERSON/OWNER			
ESTIMATED COST OF CONSTRUCTION:			ADDRESS			
WORK MUST BEGIN BY			CITY, STATE, ZIP			
PERMIT EXP DATE			PRINCIPLE TYPE OF CONSTRUCTION			PHONE
LOT SIZE S.F.			<input type="checkbox"/> STEEL			EMAIL
# BLDGS ON LOT			<input type="checkbox"/> MASONRY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
			<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 BUIDLING					CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)					FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> DEMOLITION					BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IS S.F.)					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"/> RECONSTRUCTION						
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT						
<input type="checkbox"/> DORMERS						
<input type="checkbox"/> OTHER _____						
<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 <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						
FIELD REPORT ON REVERSE				Address of Applicant/Contact Person		Telephone