

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

BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
 240 Old Country Road, Mineola, NY 11501



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) _____
 ADDRESS OF PROPERTY _____

CITY, TOWN, VILLAGE _____ ZIP _____

NAME OF BUSINESS _____
 CONTACT PERSON/OWNER _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE _____
 EMAIL _____

Check one
 OWNER OR LESSEE

IF YOU WISH TO GROUP OR APPORTION LOTS
 PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

ESTIMATED COST OF CONSTRUCTION: _____

WORK MUST BEGIN BY _____

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

PRINCIPLE TYPE OF CONSTRUCTION
 STEEL MASONRY 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

NEW BUILDING
 ADDITION (CHANGE IN S.F.)
 DEMOLITION
 ALTERATION (NO CHANGE IN S.F.)
 MAINTAIN (PRE-EXISTING)
 RECONSTRUCTION
 DECK, TERRACE, PORCH, CARPORT
 DORMERS
 OTHER _____

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES NO
 FINISHED ATTIC YES NO
 BASEMENT FINISH
 1/4 1/2 3/4 FULL

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 _____
 Address of Applicant/Contact Person _____ Telephone _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE