



**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)

SPECIFIC ZONING DESIGNATION

SECTION _____ BLOCK _____ LOT(S) _____ PERMIT # _____

N.E.S.W. SIDE OF _____

Location of Building _____

N.E.S.W. SIDE OF (OR CORNER OF) _____

N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY _____

NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____

CONTACT PERSON _____

ESTIMATED COST OF CONSTRUCTION:

Check one

DATE TO BEGIN _____

PRINCIPLE TYPE OF CONSTRUCTION

DATE TO COMPLETE _____

STEEL
 MASONRY
 OTHER

LOT SIZE S.F. _____

BLDGS ON LOT _____

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

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

CHECK ALL THAT APPLY

- NEW BUILDING
- ADDITION (CHANGE IN S.F.)
- DEMOLITION
- ALTERATION (NO CHANGE IN S.F.)
- OTHER (Describe) _____
- FAÇADE
- BASEMENT RENOVATION/ALTERATION
- HVAC
- ROOF
- PLUMBING
- ELEVATORS
- SPRINKLERS
- SOLAR
- ANTENNA
- BILLBOARD
- SATELLITE DISH

USE BY SIZE AND FLOOR

EXISTING S.F. AREA	Proposed S.F. AREA				
		Use	Size SF	Use	Size SF
BSMT					
1ST					
1ST addtl use					
2ND					
UPPER FLOORS					
TOTAL # FLOORS					

List additional use in comments section

Residential Use

Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
CO-OP <input type="checkbox"/>			
CONDO <input type="checkbox"/>			
RENTAL <input type="checkbox"/>			
Studio			
1BDRM			
2BDRM			
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 # _____