



**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 or Use Only)

SECTION	BLOCK	LOT (S)		SCH DIST	PERMIT #		SPECIFIC ZONING DESIGNATION

Location of Building	N.E.S.W SIDE OF (OR CORNER OR)	N.E.S.W SIDE OF
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP		CONTACT PERSON

ESTIMATED COST OF CONSTRUCTION	<input type="checkbox"/> OWNER	ADDRESS
	<input type="checkbox"/> LESSEE	CITY, STATE, ZIP

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION		PHONE
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DATE TO COMPLETE	<input type="checkbox"/> STEEL		EMAIL
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LOT SIZE S.F.	<input type="checkbox"/> MASONRY	If you wish to group or apportion lots, please call
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# BLDGS ON LOT ☐ OTHER 516-571-1500 for more information

DESCRIPTION OF WORK - IN DETAIL (PLEASE PRINT CLEARLY)

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<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> OTHER (Describe) _____ <input type="checkbox"/> FACADE <input type="checkbox"/> BASEMENT RENOVATION/ALTERATION <input type="checkbox"/> HVAC <input type="checkbox"/> ROOF <input type="checkbox"/> PLUMBING	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 20%;"></th> <th colspan="2" style="text-align: center;">EXISTING S.F. AREA</th> <th colspan="2" style="text-align: center;">PROPOSED S.F. AREA</th> </tr> <tr> <th style="text-align: center;">Use</th> <th style="text-align: center;">Size SF</th> <th style="text-align: center;">Use</th> <th style="text-align: center;">Size SF</th> </tr> <tr><td>BMST</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>1ST</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>1ST addnt use</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2ND</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>UPPER FLOORS</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td colspan="5" style="background-color: #cccccc;"></td></tr> <tr><td>TOTAL FLOORS</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <p>List additional use in comments section</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Residential Use</th> <th colspan="2" style="background-color: #cccccc;"></th> </tr> <tr> <td style="width: 20%;">CO-OP</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>CONDO</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>RENTAL</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Existing # Units</td> <td style="text-align: center;">Existing sq. Feet</td> <td style="text-align: center;">Proposed # Units</td> </tr> <tr> <td>Studio</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1BDRM</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2BDRM</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3BDRM</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4BDRM</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OTHER</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Describe</td> <td colspan="3"></td> </tr> </table>		EXISTING S.F. AREA		PROPOSED S.F. AREA		Use	Size SF	Use	Size SF	BMST	_____	_____	_____	_____	1ST	_____	_____	_____	_____	1ST addnt use	_____	_____	_____	_____	2ND	_____	_____	_____	_____	UPPER FLOORS	_____	_____	_____	_____						TOTAL FLOORS	_____	_____	_____	_____	Residential Use				CO-OP	<input type="checkbox"/>			CONDO	<input type="checkbox"/>			RENTAL	<input type="checkbox"/>				Existing # Units	Existing sq. Feet	Proposed # Units	Studio	_____	_____	_____	1BDRM	_____	_____	_____	2BDRM	_____	_____	_____	3BDRM	_____	_____	_____	4BDRM	_____	_____	_____	OTHER	_____	_____	_____	Describe			
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COMMENTS	DESCRIPTION	DATE	TIME	STATUS

Approved By _____ Date of Granting of Permit _____	_____ Signature of Applicant/Contact Person
<b>SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING</b>	_____ Please Print Name
<b>FIELD REPORT ON REVERSE</b>	_____ Tele #