



**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 _____

ADDRESS OF PROPERTY _____ Check one NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____ CONTACT PERSON _____

ESTIMATED COST OF CONSTRUCTION _____ OWNER OR LESSEE ADDRESS _____ CITY, STATE, ZIP _____

DATE TO BEGIN _____ PRINCIPLE TYPE OF CONSTRUCTION _____ PHONE _____

DATE TO COMPLETE _____ STEEL EMAIL _____

LOT SIZE S.F. _____ MASONRY

BLDGS ON LOT _____ OTHER

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

DESCRIPTION OF WORK - IN DETAIL (PLEASE PRINT CLEARLY)

- NEW BUILDING
- ADDITION (CHANGE IN S.F.)
- DEMOLITION
- ALTERATION (NO CHANGE IN S.F.)
- OTHER (Describe) _____
- FACADE
- BASEMENT RENOVATION/ALTERATION
- HVAC
- ROOF
- PLUMBING

<input type="checkbox"/> ELEVATORS	SIZE	QUANTITY
<input type="checkbox"/> SPRINKLERS	_____	_____
<input type="checkbox"/> SOLAR	_____	_____
<input type="checkbox"/> ANTENNA	_____	_____
<input type="checkbox"/> BILLBOARD	_____	_____
<input type="checkbox"/> SATELLITE DISH	_____	_____

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BMST	_____	_____	_____	_____
1ST	_____	_____	_____	_____
1ST addnt use	_____	_____	_____	_____
2ND	_____	_____	_____	_____
UPPER FLOORS	_____	_____	_____	_____
TOTAL FLOORS	_____	_____	_____	_____

List additional use in comments section

Residential Use		Existing		Proposed	
		# Units	sq. Feet	# Units	sq. Feet
CO-OP	<input type="checkbox"/>	_____	_____	_____	_____
CONDO	<input type="checkbox"/>	_____	_____	_____	_____
RENTAL	<input type="checkbox"/>	_____	_____	_____	_____
Studio		_____	_____	_____	_____
1BDRM		_____	_____	_____	_____
2BDRM		_____	_____	_____	_____
3BDRM		_____	_____	_____	_____
4BDRM		_____	_____	_____	_____
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