



**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)	SCH DIST	PERMIT #	DATE REC'D (Assessor Use Only)

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	ZIP	CHECK ONE	CONTACT PERSON
		<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	

ESTIMATED COST OF CONSTRUCTION:	ADDRESS

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
	<input type="checkbox"/> STEEL	

DATE TO COMPLETE	<input type="checkbox"/> MASONRY	EMAIL
	<input type="checkbox"/> OTHER	

LOT SIZE S.F.	# BLDGS ON LOT	<p>If you wish to group or apportion lots, please call 516-571-1500 for more information.</p>

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 RENOVATIONALTERATION
- HVAC
- ROOF
- PLUMBING

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

USE BY SIZE AND FLOOR

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

List additional use in comments section

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