



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: \_\_\_\_\_

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

TOWN

SCHOOL DISTRICT

SECTION

BLOCK

LOTS)

CA # OR BLDG #

UNIT #

DATE

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

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) \_\_\_\_\_ N.E.S.W. SIDE OF \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

CITY, TOWN, VILLAGE \_\_\_\_\_ ZIP \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

WORK MUST BEGIN BY \_\_\_\_\_ PRINCIPLE TYPE OF CONSTRUCTION \_\_\_\_\_

PERMIT EXP DATE \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_

# BLDGS ON LOT \_\_\_\_\_

Check one

OWNER OR  LESSEE

NAME OF BUSINESS \_\_\_\_\_

CONTACT PERSON/OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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

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	DOES RESIDENCE HAVE THE FOLLOWING
<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"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> <b>BASEMENT FINISH</b> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

**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

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

FIELD REPORT ON REVERSE Address of Applicant/Contact Person Telephone