



**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)

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: _____ Check one: OWNER OR LESSEE NAME OF BUSINESS: _____

CITY, TOWN, VILLAGE: _____ ZIP: _____ CONTACT PERSON: _____

ESTIMATED COST OF CONSTRUCTION: _____ ADDRESS: _____
CITY, STATE, ZIP: _____

DATE TO BEGIN: _____ PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY OTHER
DATE TO COMPLETE: _____ PHONE: _____
EMAIL: _____

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	USE BY SIZE AND FLOOR			
	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
<input type="checkbox"/> NEW BUILDING	BSMT	_____	_____	_____
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	1ST	_____	_____	_____
<input type="checkbox"/> DEMOLITION	1ST addnl use	_____	_____	_____
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	2ND	_____	_____	_____
<input type="checkbox"/> OTHER (Describe) _____	UPPER FLOORS	_____	_____	_____
<input type="checkbox"/> FAÇADE	TOTAL # FLOORS	_____	_____	_____
<input type="checkbox"/> BASEMENT RENOVATION/ALTERATION	List additional use in comments section			
<input type="checkbox"/> HVAC	Residential Use			
<input type="checkbox"/> ROOF	CO-OP	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> PLUMBING	CONDO	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> ELEVATORS	RENTAL	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> SPRINKLERS		Existing # Units	Existing Sq. Feet	Proposed # Units
<input type="checkbox"/> SOLAR		_____	_____	_____
<input type="checkbox"/> ANTENNA	Studio	_____	_____	_____
<input type="checkbox"/> BILLBOARD	1BDRM	_____	_____	_____
<input type="checkbox"/> SATELLITE DISH	2BDRM	_____	_____	_____
	3BDRM	_____	_____	_____
	4 BDRM	_____	_____	_____
	OTHER	_____	_____	_____
	Describe			

COMMENTS

Approved By: _____
Date of Granting of Permit: _____
Signature of Applicant/Contact Person: _____
Please Print Name: _____ Tele #: _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING
FIELD REPORT ON REVERSE

Township
School District
Section
Block
Lots(s)
Date