BUILDING PERMIT
COMMERCIAL OR MIXED USE
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

DATE REC'D

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:	
DATE TO BEGIN	
DATE TO COMPLETE	
LOT SIZE S.F.	
# BLDGS ON LOT	

Check one

☐ OWNER OR ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

PRINCIPLE TYPE OF CONSTRUCTION

☐ STEEL ☐ MASONRY ☐ OTHER

Grouping or apportioning lots? Yes ☐ No ☐

List existing lots:

Proposed lots:

DESCRIPTION OF WORK (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 RENO
- ☐ HVAC
- ☐ ROOF
- ☐ PLUMBING

	SIZE	QUANTITY
☐ ELEVATORS		
☐ SPRINKLERS		
☐ SOLAR		
☐ ANTENNA		
☐ BILLBOARD		
☐ SATELLITE DISH		

USE BY SIZE AND FLOOR

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

List additional use below

Residential

☐ CO-OP
☐ CONDO
☐ RENTAL

	EXISTING # UNITS	PROPOSED # UNITS
Studio		
1BDRM		
2BDRM		
3BDRM		
4 BDRM		
OTHER (Describe)		

DATE OF GRANTING OF PERMIT _____

_____
Signature of Applicant/Contact Person

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

_____
Address of Applicant/Contact Person Tele #

FIELD REPORT ON REVERSE

Rev 08/11