



**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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP
		PHONE

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION	EMAIL
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DATE TO COMPLETE	<input type="checkbox"/> STEEL
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LOT SIZE S.F.	<input type="checkbox"/> MASONRY	Grouping or apportioning lots? Yes _____ No _____
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# BLDGS ON LOT	<input type="checkbox"/> OTHER	List existing lots:
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DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)	Proposed lots:
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CHECK ALL THAT APPLY	USE BY SIZE AND FLOOR
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- NEW BUILDING
- ADDITION (CHANGE IN S.F.)
- DEMOLITION
- ALTERATION (NO CHANGE IN S.F.)
- OTHER (Describe) _____
- FAÇADE
- BASEMENT RENO
- HVAC
- ROOF
- PLUMBING

	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

	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	_____	_____

Residential		EXISTING # UNITS	PROPOSED # UNITS
<input type="checkbox"/> CO-OP			
<input type="checkbox"/> CONDO			
<input type="checkbox"/> RENTAL			
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