



**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 \_\_\_\_\_

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

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

DATE TO BEGIN \_\_\_\_\_ PRINCIPLE TYPE OF CONSTRUCTION

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 \_\_\_\_\_

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**

- NEW BUILDING
- ADDITION (CHANGE IN S.F.)
- DEMOLITION
- ALTERATION (NO CHANGE IN S.F.)
- OTHER (Describe) \_\_\_\_\_
- FAÇADE
- BASEMENT RENOVATION/ALTERATION
- 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		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT	_____	_____	_____	_____
1ST	_____	_____	_____	_____
1ST addnl use	_____	_____	_____	_____
2ND	_____	_____	_____	_____
UPPER FLOORS	_____	_____	_____	_____
TOTAL # FLOORS	_____	_____	_____	_____

List additional use in comments section

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

Township

School District

Section

Block

Lot(s)

Date