



**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			Check one	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			ZIP	CONTACT PERSON	
ESTIMATED COST OF CONSTRUCTION:			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS	
DATE TO BEGIN			<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER	CITY, STATE, ZIP	
DATE TO COMPLETE				PHONE	
LOT SIZE S.F.				EMAIL	
# BLDGS ON LOT				Grouping or apportioning lots? Yes ___ No ___ List existing lots:	
DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)			Proposed lots:		

CHECK ALL THAT APPLY	USE BY SIZE AND FLOOR				
<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"/> OTHER (Describe) _____ <input type="checkbox"/> FAÇADE <input type="checkbox"/> BASEMENT RENO <input type="checkbox"/> HVAC <input type="checkbox"/> ROOF <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELEVATORS SIZE QUANTITY <input type="checkbox"/> SPRINKLERS _____ <input type="checkbox"/> SOLAR _____ <input type="checkbox"/> ANTENNA _____ <input type="checkbox"/> BILLBOARD _____ <input type="checkbox"/> SATELLITE DISH _____		EXISTING S.F. AREA		PROPOSED S.F. AREA	
			Use	Size SF	Use
	BSMT	_____	_____	_____	_____
	1ST	_____	_____	_____	_____
	1ST	_____	_____	_____	_____
	2ND	_____	_____	_____	_____
	ADDNL FLOORS	_____	_____	_____	_____
	TOTAL # FLOORS	_____	_____	_____	_____
	List additional use below				
	Residential				
	<input type="checkbox"/> CO-OP				
	<input type="checkbox"/> CONDO				
	<input type="checkbox"/> 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