



**BOARD OF ASSESSORS
COUNTY OF NASSAU**

240 OLD COUNTRY ROAD
MINEOLA, N.Y. 11501

Date Rec'd.

BUILDING PERMIT

OFFICE USE ONLY

SECTION	BLOCK	LOT	TOWN, CITY, VILLAGE	SCHOOL DIST NO.	PERMIT, NUMBER, TOWN CITY, VILLAGE, AND DATE ZONED AS
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LOCATION OF BUILDING	N.E.S.W. SIDE OF	FEET N.E.S.W. OF
	OR CORNER OF	AND

NUMBER AND STREET ADDRESS OF PROPERTY	OWNER OR LESSEE	<input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE
POST OFFICE		NAME
ZIP	STREET ADDRESS	
	POST OFFICE AND ZIP CODE	TELEPHONE #

TYPE OF IMPROVEMENT	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> CENTRAL AIR
			<input type="checkbox"/> ADDITION	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> RELOCATION

SELECTED CHARACTERISTICS OF BUILDING	PRINCIPLE TYPE OF CONSTRUCTION		RESIDENTIAL ONLY	PLUMBING FIXTURES
	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> BSMT	NUMBER OF BATHROOMS <input type="checkbox"/>	NUMBER OF LAVATORIES _____
	<input type="checkbox"/> MASONRY	<input type="checkbox"/> SLAB	<input type="checkbox"/> BSMT. FINISH <input type="checkbox"/> ATTIC FINISH	WATER CLOSET _____
	<input type="checkbox"/> STEEL	<input type="checkbox"/> OTHER		BATH TUB _____
ESTIMATED COST OF IMPROVEMENT	PRINCIPLE TYPE OF HEATING AND/OR CENTRAL AIR CONDITIONING		COMMERCIAL/INDUSTRIAL ONLY	STALL SHOWER _____
	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> NEW CONSTRUCTION OR ADDITION	KITCHEN SINKS _____
	<input type="checkbox"/> OIL	<input type="checkbox"/> COAL	MUST INCLUDE SITE PLAN	LAUNDRY TUB _____
	<input type="checkbox"/> OTHER	<input type="checkbox"/> CENTRAL AIR CONDITIONING	<input type="checkbox"/> SPRINKLER SYSTEM	URINAL _____
			<input type="checkbox"/> ELEVATOR	BIDET _____
				TOTAL _____

DESCRIPTION OF IMPROVEMENT AND ESTIMATED COST

FIELD REPORT	FIELD REPORT (CONTINUED)	SECTION	
			BLOCK
		LOT	

DATE OF GRANTING OF PERMIT

Signature of Applicant

NOTE: SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant

TELEPHONE #