



**BUILDING PERMIT  
PUBLIC UTILITY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY  
240 Old Country Road, Mineola, NY 11501**

DATE REC'D

Sec / Blk / Lot

SECTION	BLOCK	LOT(S)	PERMIT # / ISSUE DATE	

NASSAU COUNTY USE ONLY: Town Code Company Code Sch. Dist. Lot

Property Location	N.E.S.W. SIDE OF (OR CORNER OF)	Check one OWNER <input type="checkbox"/> OR LESSEE <input type="checkbox"/>	NAME OF BUSINESS/CONTRACTOR
ADDRESS OF PROPERTY			CONTACT PERSON
CITY, TOWN, VILLAGE	ZIP		ADDRESS
Owner of Property			CITY, STATE, ZIP
OWNER'S NAME			PHONE
ADDRESS OF PROPERTY			EMAIL
CITY, STATE, ZIP			Building Classification - Circle Item Below Residential _____ Commercial _____ Other (Specify) _____
PHONE			
E-MAIL			

DESCRIPTION OF WORK (PLEASE PRINT CLEARLY):

ESTIMATED COST OF CONSTRUCTION:	LOT SIZE S.F.	PRINCIPLE TYPE OF CONSTRUCTION
	# BLDGS ON LOT	STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/>
DATE TO BEGIN	DATE TO COMPLETE	POLES, WIRES, CABLES <input type="checkbox"/>

Public Utilities		Cellular Communications (Wireless)	
Public Utilities		Carrier	Mounting Arrngmt
Electric		AT&T	ROOF
Pipelines		MetroPCS	MONOPOLE
Private Water Co.		Nextel	SATELLITE DISH
Muni Water Dist		Sprint	ANTENNA
Cables/Wires/Fiber Optics		T-Mobile	WATER TOWER
Telecomm (Landlines)		Verizon	LATTICE TOWER
		Other	Other

Tanks	Concrete gal.	POWER PLANT <input type="checkbox"/>	Fuel Types: Natural Gas Diesel Fuel Turbine Other
Water	Steel gal.	TYPE:	
Fuel	Aluminum gal.	Model:	
Oil	Fiberglass gal.	Capacity - MW :	
Other	Other gal.		

<input type="checkbox"/>	PIPELINE GATE VALVE	SPECIFICATIONS:  <b>NOTES:</b>
<input type="checkbox"/>	PREFAB SHELTER	
<input type="checkbox"/>	NEW BUILDING	
<input type="checkbox"/>	ADDITION	
<input type="checkbox"/>	DEMOLITION	
<input type="checkbox"/>	INTERIOR or EXTERIOR ALTERATION	
<input type="checkbox"/>	AIR CONDITIONING / HVAC	
<input type="checkbox"/>	ROOF	
<input type="checkbox"/>	RETIREMENT OF EQUIPMENT	
<input type="checkbox"/>	BACKUP GENERATOR KVA:	
<input type="checkbox"/>	OTHER (Describe):	

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

DATE OF GRANTING OF PERMIT

Signature of Applicant/Contact Person

FIELD REPORT ON REVERSE

Address of Applicant/Contact Person

ZONING CLASSIFICATION  
TOWN  
SCHOOL DISTRICT  
SECTION  
BLOCK  
LOTS)  
DATE