

## **BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT**

NBHD#	(ASSESSOR	USE	ONL	Y)

DATE REC'D (ASSESSOR USE ONLY)

	N	ASSAU C	COUNTY				
OFNEW	240 Old Coun	try Road	, Mineola, NY	11501			
Ī	TOWN - CITY - VILLAGE				<u> </u>		
SECTION BLOCK	LOT (S)	SCH DIST	# PERI	MIT #	SPEC	IFIC ZONING DESIGN	ATION
N.E.S.W. SIDE OF (OR CO Building	RNER OF)		N.E.S.W. SIDE OF				
DDRESS OF PROPERTY			Check one	NAME OF BUSIN	ESS		
ITY, TOWN, VILLAGE		ZIP		CONTACT PERS	ON/OWNER		
ESTIMATED COST OF CONSTRUCTION:			□ OWNER				
			OR □ LESSEE	ADDRESS			
				CITY, STATE, ZIF			
PRINCIPLE			PHONE				
ERMIT EXP DATE		STEEL		EMAIL			
OT SIZE S.F.		JILLL					
		MASONRY	IF Y	OU WISH TO	GROUP OR A	APPORTION LO	OTS
BLDGS ON LOT		FRAME	PLEASE C	CALL 516-571	I-1500 FOR FL	JRTHER INFO	RMATION
NCLUDING, BUT NOT LIMITE	D TO: LOCATION, TYPE AN	D DIMENSI	ONS OF IMPROVI	EMENT			
PERMI	IT TYPE - CHECK ALL IT	EMS THAT	Γ APPLY			S RESIDENCE	
□ NEW BUILDING			☐ FIRE DAMAG		Т	HE FOLLOWIN	IG
☐ ADDITION (CHAN ☐ DEMOLITION	GE IN S.F.)		□GARAGE/ OU □HVAC	JT BUILDING	CENTRAL AIR	R YES □	NO 🗆
☐ ALTERATION (NC	CHANGE IN S.F.)		☐ PLUMBING				NO $\square$
MAINTAIN (PRE-EXISTING)				RELOCATION FINISHED ATTIC YES IN NO			NO 🗀
☐ RECONSTRUCTION ☐ DECK, TERRACE, PORCH, CARPORT			☐ REPLACEME ☐ SWIMMING P	I BASEMENT FINISH		SH	
DORMERS			☐TENNIS COU		1/4 🔲 1	/2 🔲 3/4 🗀	] ruu []
OTHER		-	☐ CHANGE IN U	JSE		/2 LL 3/4 L	1011
	PROPOS	SED TOTA	AL PLUMBING F	IXTURES	•		
FLOOR/FIXTURE	BASEMENT	15	ST FLOOR	2ND	FLOOR	3RD FI	LOOR
BATHROOM SINK							
TOILET							
BATHTUB							
STALL SHOWER							
BIDET							
KITCHEN SINK WET BAR							
WEIDAR	NUMBER C	F FXISTIN	NG AND PROPO	SED BATHS			
NUMBER OF EXIST					OPOSED FULL E	BATHS	
NUMBER OF EXISTING HALF BATHS			NUMBER OF PROPOSED HALF BATHS				
H	ALF BATH EQUALS TWO FIX	XTURES, FL	ULL BATH EQUAL	S THREE OR I	MORE FIXTURE	S	
NEW C/O NEEDE	D		YES	NO 🗌			
VARIANCE OBTAINED			YES NO				
	RENOVATION IN EXCESS O	OF 50%	YES	NO 🗆			
SURVEY ENCLOS			YES 🗆	NO 🗆	AII 4515		
	PLEASE ATTACH	ALL PER	KMITS & SUR	VEY IF AV	AILABLE		
ATE OF GRANTING OF	PERMIT						
SEPARATE APPLIC			Signature of	of Applicant/0	Contact Perso	on - Sign & Pri	nt
MADE FOR EA			Address of	Applicant/C	ontact Persor	า	Telephone
TIELD REPORT ON REV	ERSE						