



**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
---------	-------	-----	---------------------	-----------------	---

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	ZIP	NAME
		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	KITCHEN SINKS _____
	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> NEW CONSTRUCTION OR ADDITION MUST INCLUDE SITE PLAN	LAUNDRY TUB _____
	<input type="checkbox"/> OIL	<input type="checkbox"/> COAL	<input type="checkbox"/> SPRINKLER SYSTEM	URINAL _____
	<input type="checkbox"/> OTHER	<input type="checkbox"/> CENTRAL AIR CONDITIONING	<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 # _____