

## OFFICE OF THE BUILDING INSPECTOR

VILLAGE OF MILL NECK, NASSAU COUNTY, NEW YORK

Examined..... 19.....

Approved..... 19..... Permit No.....

BZA.....

Disapproved a/c .....

Building Inspector

## Application for Building Permit

No.....

Date....., 19.....

## INSTRUCTIONS

- a. This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Building Inspector.
- b. Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of this application.
- c. This application must be accompanied by two complete sets of plans showing proposed construction. Plans shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. When work exceeds \$10,000 in cost or 30,000 cubic feet in volume or work involves structural alterations, plans must be filed by a Registered Architect or a Professional Engineer. At the completion of the work Architect or Engineer will certify to the Building Inspector that the work was completed in accordance with the approved plans.
- d. The work covered by this application shall not be commenced before the issuance of a Building Permit.
- e. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant together with approved, duplicate set of plans. Such permit and approved plans shall be kept on the premises available for inspection throughout the progress of the work.
- f. No building shall be occupied or used in whole or in part for any purpose whatever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Inspector.

Location.....  
(Give street number, name, side and distance from nearest cross street)

Map: ..... Section: ..... Block: ..... Lot: .....

**APPLICATION IS HEREBY MADE** to the Building Inspector for the issuance of a Building Permit pursuant to the applicable Building Code and Zoning Ordinance for the construction of buildings, additions or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

.....  
(Signature of applicant).....  
(Address of applicant)

State whether applicant is owner, lessee, agent, architect, engineer or builder:

Name and address of owner of premises: .....  
Phone No: Business .....  
Home .....

If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer.

.....  
(Name and title of corporate officer)

1. State existing use and occupancy of premises and intended use and occupancy of proposed construction:
  - a. Existing use and occupancy .....
  - b. Intended use and occupancy .....
2. Nature of work (check which applicable): New Building..... Addition..... Alteration.....  
Repair..... Removal..... Demolition.....
3. Estimated Cost\* ..... Fees: BP..... CO ..... ESCROW.....  
(to be paid on filing this application)

4. Dimensions of existing structures, if any: Front..... Rear..... Depth..... Height..... Number of Stories.....

Dimensions of same structure with alterations or additions: Front..... Rear..... Depth..... Height..... Number of Stories.....

5. Dimensions of entire new construction: Front..... Rear..... Depth..... Height..... Number of Stories.....

6. Size of lot: Front..... Rear..... Depth.....

7. Zone or use district in which premises are situated.....

8. Does proposed construction violate any zoning law, ordinance or regulation?.....

9. Name of Compensation Insurance Carrier.....  
Number of Policy..... Date of Expiration.....

10. Name of Architect.....  
Address ..... Phone No. ....  
Name of Contractor.....  
Address ..... Phone No. ....

11. Will electrical work be inspected by, and a Certificate of Approval obtained from the New York Board of Fire Underwriters or other agency or organization? If so, specify.....  
.....

\*Costs for the work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.

#### PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.

STATE OF NEW YORK, }  
COUNTY OF ..... } ss.:

..... being duly sworn, deposes and says that he is  
(Name of individual signing application) the applicant above named. He is the.....

(Contractor, agent, corporate officer, etc.) of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

this..... day of....., 19..... (Signature of applicant)

Notary Public ..... County



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: \_\_\_\_\_

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

<b>BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT NASSAU COUNTY</b> <b>240 Old Country Road, Mineola, NY 11501</b> <b>TOWN - CITY - VILLAGE OF: _____</b>					<b>TOWN</b>  <b>SCHOOL DISTRICT</b>  <b>SECTION</b>  <b>BLOCK</b>  <b>LOT(S)</b>  <b>CA # OR BLDG #</b>  <b>UNIT #</b>  <b>DATE</b>
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		<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:					ADDRESS
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION			CITY, STATE, ZIP
PERMIT EXP DATE		<input type="checkbox"/> STEEL			PHONE
LOT SIZE S.F.		<input type="checkbox"/> MASONRY			EMAIL
# BLDGS ON LOT		<input type="checkbox"/> FRAME		<b>IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</b>	
DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY) *INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT					
<b>PERMIT TYPE - CHECK ALL ITEMS THAT APPLY</b> <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"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____				<b>DOES RESIDENCE HAVE THE FOLLOWING</b> <input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	
				CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> <b>BASEMENT FINISH</b> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	
<b>PROPOSED TOTAL PLUMBING FIXTURES</b>					
FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR	
BATHROOM SINK					
TOILET					
BATHTUB					
STALL SHOWER					
BIDET					
KITCHEN SINK					
WET BAR					
<b>NUMBER OF EXISTING AND PROPOSED BATHS</b>					
NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS			
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS			
HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES					
NEW C/O NEEDED		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
VARIANCE OBTAINED		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
CONSTRUCTION/RENOVATION IN EXCESS OF 50%		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
SURVEY ENCLOSED		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>PLEASE ATTACH ALL PERMITS &amp; SURVEY IF AVAILABLE</b>					
DATE OF GRANTING OF PERMIT					
			Signature of Applicant/Contact Person - Sign & Print		
<b>SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING</b>					
			Address of Applicant/Contact Person		Telephone
FIELD REPORT ON REVERSE					