

**ORIGINAL**  
**OFFICE OF THE BUILDING INSPECTOR**  
VILLAGE OF MILL NECK, NASSAU COUNTY, NEW YORK

Examined \_\_\_\_\_ 20\_\_\_\_

Approved \_\_\_\_\_ 20\_\_\_\_ Permit No. \_\_\_\_\_

BZA \_\_\_\_\_

Disapproved a/c \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

**Application for Building Permit**

No. \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

**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 (2) 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 \$10,000.00 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 an 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(s): \_\_\_\_\_

**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.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
(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 is applicable): New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_

Repair \_\_\_\_\_ Removal \_\_\_\_\_ Demolition \_\_\_\_\_

3) Estimated Cost\* \_\_\_\_\_

Fees: BP \_\_\_\_\_ CO \_\_\_\_\_ ESCROW \_\_\_\_\_

4) Dimensions of existing structure, 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 laws, ordinances or regulations? YES \_\_\_\_\_ NO \_\_\_\_\_

9) Name of Compensation Insurance Carrier: \_\_\_\_\_

Number of Policy: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

10) Name \_\_\_\_\_ of \_\_\_\_\_ Architect: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

11) Will electrical work be inspected by, and a Certificate of Approval obtained from the New York Board of

Fire Underwriters or other agency? 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 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,       )  
  ) ss.:  
COUNTY OF                    )

\_\_\_\_\_ being duly sworn, deposes and says that  
(Name of individual signing application)

he/she is the applicant above named. He/She 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 the application are true to the best of his/her 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 \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_  
(Signature of applicant)

Notary Public \_\_\_\_\_, Nassau County

**Rev.        11-2023**