



## DEPARTMENT OF BUILDINGS

### BUILDING PERMIT GUIDELINES AND REQUIREMENTS

The following is a guide to assist you in obtaining a Building Permit for your project.  
Any questions regarding the permit process can be answered from 8:30 am – 4:30 pm, Monday to Friday by  
contacting the Building Department at 516.326.6319 or [DOB@FPVillage.org](mailto:DOB@FPVillage.org)

#### General Permit Requirements

- ☐ Building Permit Application – one (1) copy (signed and notarized).
- ☐ Filing Fee: \$50 nonrefundable, cash or check only.
- ☐ Current survey showing all property improvements (if survey is older than 12 months, a Survey Affidavit Form is required) - one (1) copy.
- ☐ Truss Type Construction Notice - one (1) copy.
- ☐ Nassau County Assessors Form - one (1) copy.
- ☐ Note: If there is plumbing, gas, and/or mechanical work associated with the project a separate Plumbing and/or Mechanical Permit application will be required.

#### Instructions for Filing Electronic Drawings

- ☐ The permit application and required forms and fee shall be submitted in person to the Building Department.
- ☐ All construction plans, project manuals and energy calculations shall be submitted electronically in pdf format and emailed to [DOB@FPVillage.org](mailto:DOB@FPVillage.org).
- ☐ All sheets shall be properly oriented so that the top of the page is always at the top of the monitor and the pages must be set to landscape.
- ☐ The cover sheet for the construction plans shall be indexed to correspond with the order of all pages submitted. This index should use the same names, page numbers and order of the actual paper plans.
- ☐ All architectural, structural, mechanical, electrical, and plumbing plans shall be in one file so that the plans examiner may scroll through the file and have the ability to view all pages without opening another file. The security options selected by the design professional shall allow the plans examiners to markup digital documents, create notes, and to apply digital signatures. The digital documents must be un-locked.
- ☐ It is necessary for all re-submittals to be in the same format as the original submission, all pages to be submitted. Revisions to the construction plans must be indicated by clouding and deltas, with a narrative in the title box. A written response from the design professional/contractor addressing the plans examiners' comments, item by item, is required to accompany all re-submittals.
- ☐ Upon successful completion of the plan review process, the plans examiner will "stamp" the file electronically and apply a digital approval signature. This will create an image on each sheet of the plans that indicates the plans have been reviewed for compliance. These plans will be saved as read-only and set to print with the stamp. Approved plans will be returned to the design professional, who will then print two (2) full size sets of the approved stamped plans, collated, stapled and folded. The applicant will be required to bring the approved construction plans and documents to the Building Department at the time the permit is to be issued.

#### Interior Projects

- ☐ Construction Documents drawn to scale – One electronic review set to be emailed to [DOB@FPVillage.org](mailto:DOB@FPVillage.org) (note: two (2) printed sets will be required at final approval) drawings must include:
  - ☐ Title block including the address of the property and the name and contact information for the design professional.
  - ☐ A north arrow, scale and date on all drawings.
  - ☐ Floor plans of every level with dimensions clearly showing proposed new and removed walls, room names, and ceiling heights.
  - ☐ Locations of smoke detectors / carbon monoxide detectors.
  - ☐ Window & door schedules with manufacturer, model, sizes, egress, U Value, SHGC, VT, design pressure.
  - ☐ Light and ventilation calculations for all new habitable rooms.
  - ☐ Cross sections and details.
  - ☐ Plumbing and gas fixture locations. Riser diagrams, sanitary drainage and venting risers with sizes, pitches and quantifying values along with reference standard sections/tables used for design
  - ☐ Building code compliance certification including regional design criteria.
  - ☐ Energy code compliance certification statement on drawing and Res/Com Check certification.
  - ☐ Thermal barrier clearly identified, along with air sealing details, insulation types, thickness, and R (or U) Values noted.
  - ☐ Stamped and sealed by a NYS Registered Architect or Engineer.



## DEPARTMENT OF BUILDINGS

### BUILDING PERMIT GUIDELINES AND REQUIREMENTS

**New Buildings, Additions or Renovations that Involve Work on the Exterior of the Building after Architectural Review Board Approval is Received (See Separate ARB Application)**

- ☐ Construction Documents drawn to scale – One (1) electronic review set to be emailed to [DOB@FPVillage.org](mailto:DOB@FPVillage.org) (note: two (2) printed sets will be required at final approval) drawings must include:
  - ☐ Title block including the address of the property and the name and contact information for the design professional.
  - ☐ A north arrow, scale and date on all drawings.
  - ☐ A site plan showing a full zoning analysis and all structures including setbacks to property lines, drainage, and utility locations.
  - ☐ Foundation Plan including anchor bolt spacing, diameter, embedment.
  - ☐ Floor plans of every level with dimensions clearly showing proposed new and removed walls, room names, and ceiling heights.
  - ☐ Locations of smoke detectors / carbon monoxide detectors.
  - ☐ Window & door schedules with manufacturer, model, sizes, egress, U Value, SHGC, VT, design pressure.
  - ☐ Light and ventilation calculations for all new habitable rooms.
  - ☐ Exterior elevations for each side of the structure showing floor heights and ridge height from grade.
  - ☐ Cross sections and details.
  - ☐ Method used for structural design (material specific; refer to 2024 WFCM –or- 2025 NYSRC)
  - ☐ Comprehensive strength for concrete.
  - ☐ Building components for lateral (shear walls or braced walls) and uplift resistance. Shear or braced walls must be identified on plans.
  - ☐ Building heat/cooling loads, systems, and duct sizing or Manuals J, S, & D All equipment must be clearly identified on the plans.
  - ☐ Whole house ventilation systems (new residential homes only).
  - ☐ Plumbing and gas fixture locations. Riser diagrams, sanitary drainage and venting risers with sizes, pitches and quantifying values along with reference standard sections/tables used for design
  - ☐ Building code compliance certification including regional design criteria.
  - ☐ Energy code compliance certification statement on drawing and Res/Com Check certification.
  - ☐ Thermal barrier clearly identified, along with air sealing details, insulation types, thickness, and R (or U) values noted.
  - ☐ Stamped and sealed by a NYS Registered Architect or Engineer.
- ☐ Request for Waiver of Complete Application (if preliminary drawings will be submitted for the purpose of obtaining a Notice of Disapproval necessary to appear before the Board of Zoning Appeals).



## DEPARTMENT OF BUILDINGS

### BUILDING PERMIT GUIDELINES AND REQUIREMENTS

#### PERMIT DESIGN CRITERIA EFFECTIVE DECEMBER 31, 2025

#### THE FOLLOWING INFORMATION IS REQUIRED ON ALL DRAWING SETS SUBMITTED

##### **BUILDING CODE COMPLIANCE**

When plans or specifications bear the seal and signature of a registered design professional, such registered design professional must also include a written statement that "To the best of the knowledge, belief, and professional judgment of the undersigned, the plans and specifications depicted on these drawings are in compliance with the applicable provisions of the 2025 New York State Uniform Fire Prevention and Building Code and all supplements."

##### **ENERGY CODE COMPLIANCE** *(Required for all submissions that include building envelope and/or HVAC work)*

1. Compliance documentation following the prescriptive code or RES/COM Check certification including the accompanying checklists. ( <https://www.energycodes.gov/software-tools> )

2. When plans or specifications bear the seal and signature of a registered design professional, such registered design professional shall also include a written statement that "To the best of my knowledge, belief and professional judgment, such plans or specifications are in compliance with the 2025 New York State Energy Conservation Construction Code and all supplements."

##### **CLIMATIC & GEOGRAPHIC DESIGN CRITERIA – CLIMATE ZONE 4**

*(Required for all submissions that include structural and/or building envelope work)*

| Ground<br>Snow Load<br>(psf) | Wind Design    |                          |                           | Seismic Design<br>Category | Subject to Damage from |                     |                   |
|------------------------------|----------------|--------------------------|---------------------------|----------------------------|------------------------|---------------------|-------------------|
|                              | Speed<br>(mph) | Topographical<br>effects | Wind-borne<br>Debris Zone |                            | Weathering             | Frost Line<br>Depth | Termite           |
| 20                           | 120            | No                       | No                        | B                          | Severe                 | 3'-0"               | Moderate to Heavy |

| Winter Design<br>Temperature | Ice Barrier<br>Underlayment<br>Required | Flood<br>Hazards | Air<br>Freezing<br>Index | Mean<br>Annual<br>Temperature |
|------------------------------|-----------------------------------------|------------------|--------------------------|-------------------------------|
| 13                           | Yes                                     | Zone X           | 496                      | 52.9                          |



## DEPARTMENT OF BUILDINGS REQUIRED INSPECTIONS

### APPROVED ELECTRICAL CERTIFICATE ISSUERS

For all projects involving electrical work, the Electrician is required to hold a current Electricians License with the Village of Floral Park.

In addition, an original Certificate of Electrical Inspection, issued by an Electrical Inspection Agency approved by the Village of Floral Park, must be submitted prior to the issuance of a Certificate of Occupancy or Certificate of Completion.

Only Certificates from the following Electrical Inspectors will be accepted by the Village:

**New York Board of Fire Underwriters/Electrical Inspectors, Inc.**

516.794.0400

[electricalinspectors.com](http://electricalinspectors.com)

**Certified Electrical Inspections Inc.**

516.348.8975

[cei-ny.com](http://cei-ny.com)

**NYS Electrical Inspections, Inc.**

631.466.4235

[nyselectricalinspections.com](http://nyselectricalinspections.com)

**Long Island Electrical Inspections, LTD**

631.892.7068

[lieinspectors.com](http://lieinspectors.com)

**Electrical Inspection Service, Inc.**

516.466.6486

[eislongisland.com](http://eislongisland.com)

**Alliance Electrical Inspections Limited**

516.248.0820

[allianceeil.com](http://allianceeil.com)

**Suffolk Bureau of Electrical Inspectors, Inc.**

631.495.8136

<https://www.sbei.us/NSEI/>

**Prestige Electrical Inspections LLC**

516.652.5681

<https://prestigeelectricalinspections.com/>



## DEPARTMENT OF BUILDINGS BUILDING PERMIT APPLICATION

### BUILDING

|                    |  |
|--------------------|--|
| Tracking Number    |  |
| Permit Number      |  |
| Permit Issue Date  |  |
| Associated Permits |  |

**Filing Status:** (Check all that apply)

Incomplete applications will not be accepted

☐ Proposed ☐ Maintain (year built \_\_\_\_\_)

☐ New Building ☐ Addition ☐ Alteration ☐ Accessory Structure ☐ Demolition ☐ In-Ground Pool ☐ Other: \_\_\_\_\_

#### Property Information:

Property Address:

Section: Block: Lot(s): Zone: ☐ VFP Verified

Existing: ☐ Single Family ☐ 2-Family ☐ Commercial/Business ☐ Other:

Proposed: ☐ Single Family ☐ 2-Family ☐ Commercial/Business ☐ Other:

#### Description of Work:

#### Estimated Cost of Construction:

\$

#### Property Owner Information:

Owner's Name:

Mailing Address: City: State: Zip:

Phone Number: Email:

**Applicant Information:** ☐ Owner is Applicant ☐ Design Professional is Applicant

Applicant's Name:

Mailing Address: City: State: Zip:

Phone Number: Email:

**Design Professional Information:** ☐ No Design Professional

Design Professional's Name: ☐ RA ☐ PE

Company Name: NYS License Number:

Company Address: City: State: Zip:

Phone Number: Email:



## DEPARTMENT OF BUILDINGS BUILDING PERMIT APPLICATION

### BUILDING

Permit Number

**Contractor Information:**☐ Work will be performed by Homeowner \*☐ Contractor information will be submitted at a later date

\* Note: If Applicant is a Homeowner serving as the contractor for his/her primary residence, the applicant must provide the following: 1.) Affidavit of Exemption to Show Specific Proof of Workers Compensation Insurance Coverage for a 1, 2, 3, or 4 Family Owner-occupied Residence – Form BP-1 OR if after reviewing this form, you do not qualify for a Workers Compensation Exemption, you must acquire appropriate Workers Compensation Coverage and provide required proof. 2.) Copy of Homeowners Insurance that is currently in effect and covers the property listed on the building permit application.

Contractor's Name: Floral Park License Number: ☐ VFP Verified

Company Address: City: State: Zip:

Phone Number: Email:

**Electrician Information:**☐ No Electrical Work☐ Electrician information will be submitted at a later dateElectrician's Name: Floral Park License Number: ☐ VFP Verified

Company Address: City: State: Zip:

Phone Number: Email:

**Plumber Information:**☐ No Plumbing Work☐ Plumber information will be submitted at a later datePlumber's Name: Floral Park License Number: ☐ VFP Verified

Company Address: City: State: Zip:

Phone Number: Email:

**Property Owner Statement & Signature:**

The undersigned affirms that I am the owner of the property described herein, situated, lying and being within the Incorporated Village of Floral Park; that I have read and understand all items as here in stated, recognize that I am responsible for all activities occurring on the property, and that failure to comply with any of the items, notwithstanding any other items defined in the Village Code, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Village Code. I agree to permit the Building Inspector and any officer or employee of the Village of Floral Park to enter the premises in the discharge of their duties in accordance with this application, the NYS Building Code and the Floral Park Village Code. The installation of smoke and carbon monoxide alarms in existing 1 & 2 family homes is required by the NYSRC. The successful placement and testing of these alarms at final inspection is required in order to receive a certificate of compliance for the building permit. I hereby give consent to the listed applicant to make the application on my behalf for permit to perform said work.

Print Name: Signature: Date:

**Notary (owners signature):**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known and known to me to be the person described in as the owner and who executed the foregoing instrument and has acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public**Applicant Statement & Signature:**

The undersigned, being duly sworn, deposes and says that the foregoing are all the alteration or repairs proposed to make to the building herein referred to and described; and hereby stipulates that all provisions of the Building and Village Code shall be complied with in the alteration or repair of said building, whether specified herein or not.

Print Name: Signature: Date:



# **DEPARTMENT OF BUILDINGS** **BUILDING PERMIT APPLICATION**

| BUILDING      |  |
|---------------|--|
| Permit Number |  |

| Building Department Use Only:                                                        |                                                                   |                                                                                                                                                                                                                                                                                |     |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <input type="checkbox"/> Filing Fee: \$50                                            | Receipt:                                                          | <p align="center"><b>Building Permit Fee Calculation</b><br/> Residential: \$200 for the first \$1,000 of Construction Costs,<br/> \$10 each additional \$1,000<br/><br/> Commercial: \$500 for the first \$1,000 of Construction Costs,<br/> \$15 each additional \$1,000</p> |     |
| <input type="checkbox"/> Building Permit Fee:                                        | Receipt:                                                          |                                                                                                                                                                                                                                                                                |     |
| <input type="checkbox"/> Existing Conditions Inspection Fee Residential: \$100       | Receipt:                                                          |                                                                                                                                                                                                                                                                                |     |
| <input type="checkbox"/> Existing Conditions Inspection Fee Commercial: \$500        | Receipt:                                                          |                                                                                                                                                                                                                                                                                |     |
| <input type="checkbox"/> Commercial Cease and Desist Fee \$1,500                     | Receipt:                                                          |                                                                                                                                                                                                                                                                                |     |
| <input type="checkbox"/> Other:                                                      | Receipt:                                                          |                                                                                                                                                                                                                                                                                |     |
| <input type="checkbox"/> C of C Fee: \$50 <input type="checkbox"/> C of O Fee: \$100 | Receipt:                                                          |                                                                                                                                                                                                                                                                                |     |
| Approvals:                                                                           |                                                                   |                                                                                                                                                                                                                                                                                |     |
| Zoning Review                                                                        | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                                                                                                                                                                                                                                                                          | By: |
| Permit Review                                                                        | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                                                                                                                                                                                                                                                                          | By: |
| ARB Review                                                                           | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Resolution Date:                                                                                                                                                                                                                                                               |     |
| BZA Review                                                                           | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Resolution Date:                                                                                                                                                                                                                                                               |     |
| BOT Review                                                                           | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Resolution Date:                                                                                                                                                                                                                                                               |     |
| NCFM Review                                                                          | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                                                                                                                                                                                                                                                                          |     |
| Other:                                                                               | <input type="checkbox"/> Approval <input type="checkbox"/> Denial | Date:                                                                                                                                                                                                                                                                          |     |

## **Permit Conditions:**

- The Building Permit must be posted and visible from the street for the duration of the construction process. No work is to be started until permit has been received and posted by the owner / applicant.
- Approved plans shall remain on the premises at all times until a Certificate of Occupancy/Completion/Approval is issued for all permits in this project. These plans shall be made available to the inspector upon request
- The Permit is valid for 6 months, unless construction has started. If started, the permit is valid for 12 months from the date of issuance. Should the permit expire a permit renewal application, along with updated drawings and permit fee, must be filed and approved by the Building Department.
- The Floral Park Building Department must be made aware of all field changes prior to the time of the change. Work is NOT to continue until an amended permit is filed and approved with the Building Department.
- Owner or the owner's representative shall be responsible to arrange for all required inspections. Owner shall be responsible for the presence of the appropriate representative for the required inspection as directed by the Inspector. All work is to be left exposed until inspected and approved by the Floral Park Building Department. Work closed up prior to inspection approval will need to be exposed for inspection at the owner's cost.
- Electrical certificates must be filed at the completion of the work.
- A foundation location survey must be submitted for a new pool, new house, new garage or a new commercial building BEFORE the structure is framed and a final survey must be submitted at completion. An updated survey must be submitted at completion for all new buildings and in-ground pools.
- All Architectural Review Board approvals, Zoning, Board of Trustee resolutions, and Special Use approvals are valid for 6 months.
- Permits are not closed until a certificate has been issued. The Project will not close until all certificates have been issued. Occupancy of the premises without first obtaining a Certificate of Occupancy or use of the premises without first obtaining a Certificate of Completion or Approval is unlawful and may subject the owner of the premises to the penalties.



**DEPARTMENT OF BUILDINGS  
SURVEY CERTIFICATION AFFIDAVIT**

**SURVEY AFFIDAVIT**

Tracking Number

Permit Number

In lieu of a recent survey dated within twelve (12) months from the date of this application, the following affidavit along with the most recent survey will be accepted.

**Property Information:**

Owners Name:

Property Address:

**Survey Certification Affidavit:**

In accordance with 19 NYCRR, Codes, Rules and Regulations of the State of New York, Section 1203, all surveys, plot plans and/or site plans submitted to the Department of Buildings shall clearly depict all structures and site improvements. This is intended to include all primary and accessory structures, driveways, garages, decks, pool, equipment, etc. for both residential and commercial properties.

In lieu of a current survey dated within twelve (12) months from the date of this application, I certify that I have personally inspected the above referenced property and determined that the plot plan / site plan submitted accurately depicts all existing site improvements as of the date of signature on this document.

I certify that with respect to the above application the zoning analysis accurately reflects the dimensions and zoning requirements for the subject property.

I acknowledge that the Department of Buildings is relying on this affidavit for the code review in accordance with the Village Code and NYS Building Code.

**Applicant Statement & Signature:**

Print Name:

Signature:

Date:

Capacity (Check One): ☐ Owner ☐ Applicant or Design Professional







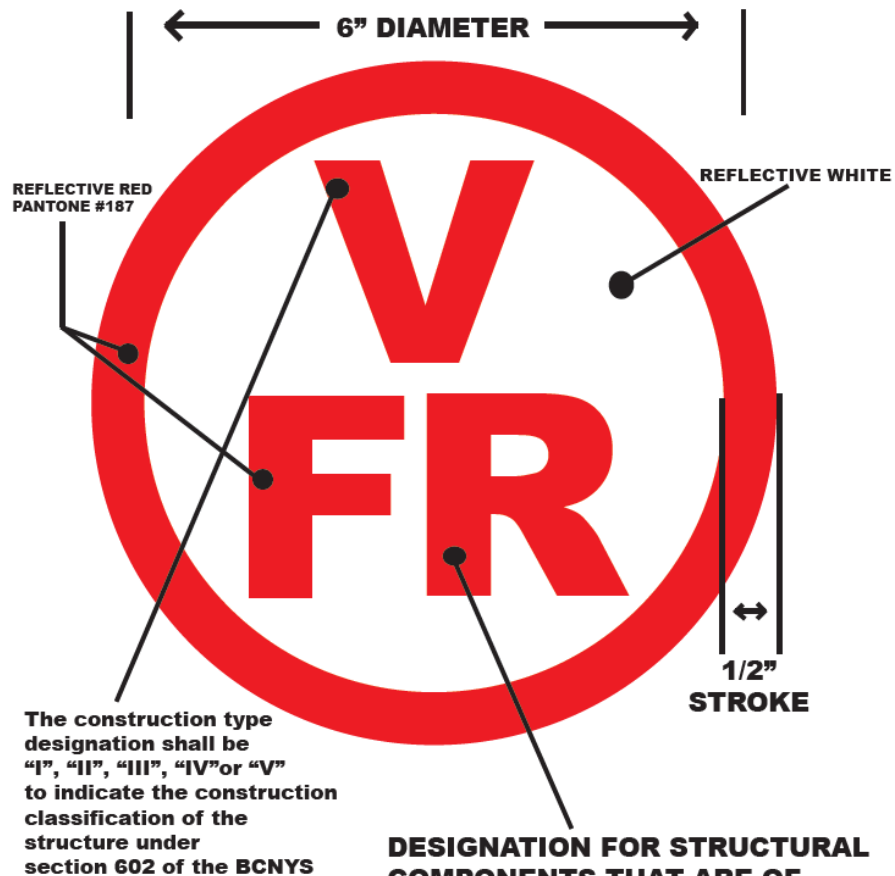
## DEPARTMENT OF BUILDINGS TRUSS TYPE CONSTRUCTION NOTICE

residential structure at a point immediately adjacent to the electric box; and (2) if no electric box is attached to the exterior of the residential structure or if, in the opinion of the authority having jurisdiction, the electric box attached to the exterior of the building is not located in a place likely to be seen by firefighters or other first responders responding to a fire or other emergency at the residential structure, the sign or symbol required by this Part shall be affixed to the exterior of the residential structure in a location approved by the authority having jurisdiction as a location likely to be seen by firefighters or other first responders responding to a fire or other emergency at the residential structure.

(c) The sign or symbol required by this Part shall be affixed prior to the issuance of a certificate of occupancy or a certificate of compliance. The authority having jurisdiction shall not issue a certificate of occupancy or certificate of compliance until the sign or symbol required by this Part shall have been affixed.

(d) The property owner shall be responsible for maintaining the sign or symbol required by this Part and shall promptly replace any such sign or symbol that is affixed to an electric box when any change or modification is made to such electric box. The property owner shall promptly replace the sign or symbol required by this Part if such sign or symbol is removed or becomes damaged, faded, worn or otherwise less conspicuous to firefighters or other first responders responding to a fire or other emergency at the residential structure. The property owner shall keep the area in the vicinity of the sign or symbol required by this Part clear of all plants, vegetation, and other obstructions that may hide or obscure such sign or symbol or otherwise cause such sign or symbol to be less conspicuous to firefighters or other first responders responding to a fire or other emergency at the residential structure.

(e) The sign or symbol indicating the utilization of truss type construction, pre-engineered wood construction and/or timber construction shall comply with the requirements of this subdivision.



### DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

|      |                                            |
|------|--------------------------------------------|
| "F"  | FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS |
| "R"  | ROOF FRAMING                               |
| "FR" | FLOOR AND ROOF FRAMING                     |





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

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: Floral Park

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

| 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<br><b>Floral Park, NY</b> | ZIP<br><b>11001</b> | CONTACT PERSON/OWNER |
|-----------------------------------------------|---------------------|----------------------|

|                                 |                                                                                    |                  |
|---------------------------------|------------------------------------------------------------------------------------|------------------|
| ESTIMATED COST OF CONSTRUCTION: | <input checked="" type="checkbox"/> OWNER<br>OR<br><input type="checkbox"/> LESSEE | ADDRESS          |
|                                 |                                                                                    | CITY, STATE, ZIP |

|                    |                                |       |
|--------------------|--------------------------------|-------|
| WORK MUST BEGIN BY | PRINCIPLE TYPE OF CONSTRUCTION | PHONE |
| PERMIT EXP DATE    | <input type="checkbox"/> STEEL | EMAIL |

|                |                                  |                                                                                            |
|----------------|----------------------------------|--------------------------------------------------------------------------------------------|
| LOT SIZE S.F.  | <input type="checkbox"/> MASONRY | IF YOU WISH TO GROUP OR APPORTION LOTS<br>PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION |
| # BLDGS ON LOT | <input type="checkbox"/> FRAME   |                                                                                            |

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

\*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

|  |
|--|
|  |
|  |
|  |
|  |

| PERMIT TYPE - CHECK ALL ITEMS THAT APPLY                | DOES RESIDENCE HAVE THE FOLLOWING                                                                                    |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NEW BUILDING                   | CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>                                                 |
| <input type="checkbox"/> ADDITION (CHANGE IN S.F.)      | FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>                                              |
| <input type="checkbox"/> DEMOLITION                     | <b>BASEMENT FINISH</b>                                                                                               |
| <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) | 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/> |
| <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 _____                    |                                                                                                                      |
| <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                  |                                                                                                                      |

| PROPOSED TOTAL PLUMBING FIXTURES |          |           |           |           |
|----------------------------------|----------|-----------|-----------|-----------|
| FLOOR/FIXTURE                    | BASEMENT | 1ST FLOOR | 2ND FLOOR | 3RD FLOOR |
| BATHROOM SINK                    |          |           |           |           |
| TOILET                           |          |           |           |           |
| BATHTUB                          |          |           |           |           |
| STALL SHOWER                     |          |           |           |           |
| BIDET                            |          |           |           |           |
| KITCHEN SINK                     |          |           |           |           |
| WET BAR                          |          |           |           |           |

| NUMBER OF EXISTING AND PROPOSED BATHS |  |                               |  |
|---------------------------------------|--|-------------------------------|--|
| 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"/> |  |

**PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE**

DATE OF GRANTING OF PERMIT \_\_\_\_\_ Signature of Applicant/Contact Person - Sign & Print \_\_\_\_\_

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

Address of Applicant/Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**FIELD REPORT ON REVERSE**

TOWN  
SCHOOL DISTRICT  
SECTION  
BLOCK  
LOT(S)  
CA # OR BLDG #  
UNIT #  
DATE



**BUILDING PERMIT  
COMMERCIAL OR MIXED USE  
DEPARTMENT OF ASSESSMENT**

**NASSAU COUNTY**

**240 Old Country Road, Mineola, NY 11501**

**DATE REC'D**

|                                            |       |         |                  |          |                             |
|--------------------------------------------|-------|---------|------------------|----------|-----------------------------|
| SECTION                                    | BLOCK | LOT (S) | SCH DIST         | PERMIT # | SPECIFIC ZONING DESIGNATION |
|                                            |       |         |                  |          |                             |
| Location of Building                       |       |         | N.E.S.W. SIDE OF |          |                             |
| ADDRESS OF PROPERTY                        |       |         | NAME OF BUSINESS |          |                             |
| CITY, TOWN, VILLAGE                        |       |         | CONTACT PERSON   |          |                             |
| ESTIMATED COST OF CONSTRUCTION:            |       |         | ADDRESS          |          |                             |
|                                            |       |         | CITY, STATE, ZIP |          |                             |
| DATE TO BEGIN                              |       |         | PHONE            |          |                             |
| DATE TO COMPLETE                           |       |         | EMAIL            |          |                             |
| LOT SIZE S.F.                              |       |         |                  |          |                             |
| # BLDGS ON LOT                             |       |         |                  |          |                             |
| DESCRIPTION OF WORK (PLEASE PRINT CLEARLY) |       |         |                  |          |                             |
|                                            |       |         |                  |          |                             |
|                                            |       |         |                  |          |                             |
|                                            |       |         |                  |          |                             |
|                                            |       |         |                  |          |                             |

| CHECK ALL THAT APPLY                                    |                                                                                                                                                                                                                                                                                                                                                                                                     | USE BY SIZE AND FLOOR |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|--------------------|--|--------------------|--|
| <input type="checkbox"/> NEW BUILDING                   | <table><tr><th>SIZE</th><th>QUANTITY</th></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table> | SIZE                  | QUANTITY         | _____   | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | BSMT | EXISTING S.F. AREA |  | PROPOSED S.F. AREA |  |
| SIZE                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     | QUANTITY              |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     | _____                 |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     | _____                 |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     | _____                 |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     | _____                 |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     | _____                 |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     | _____                 |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     | _____                 |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     | _____                 |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| _____                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> ADDITION (CHANGE IN S.F.)      | Use                                                                                                                                                                                                                                                                                                                                                                                                 | Size SF               | Use              | Size SF |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> DEMOLITION                     | 1ST                                                                                                                                                                                                                                                                                                                                                                                                 | _____                 | _____            | _____   | _____ |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) | 1ST                                                                                                                                                                                                                                                                                                                                                                                                 | _____                 | _____            | _____   | _____ |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> OTHER (Describe) _____         | 2ND                                                                                                                                                                                                                                                                                                                                                                                                 | _____                 | _____            | _____   | _____ |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> FAÇADE                         | ADDNL FLOORS                                                                                                                                                                                                                                                                                                                                                                                        | _____                 | _____            | _____   | _____ |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> BASEMENT RENO                  | TOTAL # FLOORS                                                                                                                                                                                                                                                                                                                                                                                      | _____                 | _____            | _____   | _____ |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> HVAC                           | List additional use below                                                                                                                                                                                                                                                                                                                                                                           |                       |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> ROOF                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> PLUMBING                       |                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| Residential                                             |                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                  |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> CO-OP                          | EXISTING # UNITS                                                                                                                                                                                                                                                                                                                                                                                    |                       | PROPOSED # UNITS |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> CONDO                          | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       | _____            |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| <input type="checkbox"/> RENTAL                         | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       | _____            |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| Studio                                                  | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       | _____            |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| 1BDRM                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       | _____            |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| 2BDRM                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       | _____            |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| 3BDRM                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       | _____            |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| 4 BDRM                                                  | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       | _____            |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |
| OTHER (Describe)                                        | _____                                                                                                                                                                                                                                                                                                                                                                                               |                       | _____            |         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |      |                    |  |                    |  |

DATE OF GRANTING OF PERMIT \_\_\_\_\_

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

**FIELD REPORT ON REVERSE**

Signature of Applicant/Contact Person \_\_\_\_\_

Address of Applicant/Contact Person \_\_\_\_\_

Tele # \_\_\_\_\_