INC. VILLAGE OF SOUTH FLORAL PARK
383 ROQUETTE AVENUE
SOUTH FLORAL PARK, NEW YORK 11001
www.southfloralpark.org
Telephone: (516) 352-8047
Fax: (516) 352-0651

CLOSE EXPIRED PERMIT APPLICATION

THIS FORM IS USED FOR THE CLOSING OF EXPIRED BUILDING AND PLUMBING PERMITS FOR WHICH A CERTIFICATE OF OCCUPANCY, COMPLETION OR APPROVAL HAS NOT BEEN ISSUED BUT WHERE CONSTRUCTION WORK HAS BEEN COMPLETED

1-Please submit $150.00 permit fee, (per permit), which is non-refundable.
2- All required documentation is required at time of submission: such as surveys, electrical certificates, etc., when applicable

DATE:. _____ EXPIRED PERMIT NUMBER(S): _____

SECTION_____ BLOCK:. _____ LOT(S) _____

OWNERS NAME : _____

ADDRESS: _____

HOME PHONE: _____ ALT. PHONE_____

APPLICANT (if different) Name: _____

ADDRESS _____

HOME PHONE: _____ALT. PHONE_____

DESCRIPTION OF WORK TO BE CLOSED OUT:_____

_____

_____

_____

COMMENTS: _____

_____

_____

OFFICE USE ONLY:
Fee Paid:_____ Date: _____

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)

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

CITY, TOWN, VILLAGE | ZIP

ESTIMATED COST OF CONSTRUCTION:

WORK MUST BEGIN BY

PERMIT EXP DATE

LOT SIZE S.F.

BLDGS ON LOT

PRINCIPLE TYPE OF CONSTRUCTION
- ☐ STEEL
- ☐ MASONRY
- ☐ FRAME

Check one
- ☐ OWNER OR ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

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

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ MAINTAIN (PRE-EXISTING)
- ☐ RECONSTRUCTION
- ☐ DECK, TERRACE, PORCH, CARPORT
- ☐ DORMERS
- ☐ OTHER _____
- ☐ FIRE DAMAGE
- ☐ GARAGE/ OUT BUILDING
- ☐ HVAC
- ☐ PLUMBING
- ☐ RELOCATION
- ☐ REPLACEMENT
- ☐ SWIMMING POOL
- ☐ TENNIS COURT
- ☐ CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES ☐ NO ☐

FINISHED ATTIC YES ☐ NO ☐

BASEMENT FINISH

1/4 ☐ 1/2 ☐ 3/4 ☐ FULL ☐

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 ☐ NO ☐
- VARIANCE OBTAINED — YES ☐ NO ☐
- CONSTRUCTION/RENOVATION IN EXCESS OF 50% — YES ☐ NO ☐
- SURVEY ENCLOSED — YES ☐ NO ☐

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

Rev 08/11

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