155 Washington Ave
Mineola, NY 11501
Phone: (516) 746-0750
Email: building@mineola-ny.gov

Building Department Hours Monday- Friday, 8:30am-4:30pm

Building Department Demolition Permit Application Checklist

Demolition Permit will be a standard Building Permit and Assessor's Form.

Also submit letters of disconnect form:

- PSEG
- National Grid
- Village of Mineola Water Department
- Village of Mineola Sewer Department

If no services are involved, letters are still needed from these sources attesting to the fact.

Approved Letter of Certification of Asbestos removal.

A performance Bond or Certified Check equal to the approximate cost removal and determined by the Superintendent of Buildings. Upon completion of work, the Performance Bond or Certified Check shall be returned to the applicant.

A Rodent Inspection Letter from the Nassau County Health Department (516) 227-9715 certifying the absence of vermin. (Letter is valid for only ten (10) days).

BUILDING DEPARTMENT – VILLAGE OF MINEOLA
BUILDING PERMIT APPLICATION
Instructions – Information to be printed or typed, black or blue ink only.

It is the responsibility of every property owner to have permits as required by Law. It is the responsibility of the Building Department to enforce the Law. The Building Inspector will identify any structures on your property that have not been properly legalized. This will be done on the first inspection. If any violations are found, they will be pointed out to you and you will have a period of one month to legalize the situation. After that, failure to legalize will result in summons, stoppage of construction, and/or court action. If you have conditions requiring legalization, we recommend you include them now in this application.

- □ Building Permit Application completed. **COPIES OR FAXES ARE NOT ACCEPTED**
- □ Assessor's Form completed.
- □ A legible and accurate Property Survey included.
- □ Three (3) complete sets, detailed construction plans. (SIGNED, SEALED & STAPLED)
- □ All signatures notarized.
- □ Insurance Certificate(s) included

Contractors shall submit Workmen's Compensation & Disability Insurance Certificates with General Liability coverage no less than **$2,000,000**. **THE VILLAGE OF MINEOLA MUST BE CERTIFICATE HOLDER ON ALL INSURANCES AND NAMED AS ADDITIONALLY INSURED ON LIABILITY INSURANCE ONLY.** If the homeowner is the contractor, the Homeowner's Insurance Certificate shall be submitted.

NO WORK SHALL COMMENCE BEFORE A BUILDING PERMIT HAS BEEN ISSUED.

When issued, the "**RED**" permit card shall be prominently displayed at all times.

Nassau County Map No. **9**, Block _____, Lot No. _____

Street address of property _____
Zoning District _____ (√) if applicable: New Structure/addition _____ Alteration ____ Demolition ___

Name, address, phone & email of Architect or Engineer: _____
_____
Name, address, phone & email of Contractor: _____
_____
Property Use: Current: _____, Proposed: _____
Lot size _____ Sq. Ft. of Building _____ No. of stories _____ Height in Ft. _____
Construction type _____ Structure have Cellar or basement? _____ Sprinkler? ____ Alarm Sys?___
Brief description of proposed work: _____
_____
_____
_____
_____
_____
Estimated cost of proposed construction, alteration or demolition: $_____

Name, address, **phone, and email** of property owner	Name, address, **phone**, **and email** of applicant

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Notarized signature: (print name AND sign) **Notarized signature: (print name AND sign)**

*

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* I certify by my signature that I and the owner of aforesaid property, or that I am the duly authorized agent of the owner with full power to act on his/her/their behalf.

*** * * * * * * DO NOT WRITE BELOW THIS LINE * * * * * * ***

□	_____ Bd. Trustees	Electrical Permit Req'd? _____
□	_____ Bd. Appeals	Plumbing Permit Req'd? _____
□	_____ VOM Plan. Bd.	Date Received _____
□	_____ NC Plan. Com.	
□	_____ NC DPW	Permit Fee $_____
□	_____ NC Health	Deposit Fee $_____
□	_____ NC Fire Marshal	Date Issued _____
□	_____ NYS DOT	Building Inspector _____
□	_____ SEQR	Permit No. _____

ALL APPLICATIONS MUST BE SUBMITTED AS A COMPLETE PACKAGE

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		Check one	NAME OF BUSINESS
CITY, TOWN, VILLAGE	ZIP	■ OWNER OR ☐ LESSEE	CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:			ADDRESS
			CITY, STATE, ZIP
WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION		PHONE
PERMIT EXP DATE	☐ STEEL		EMAIL
LOT SIZE S.F.	☐ MASONRY	IF YOU WISH TO GROUP OR APPORTION LOTS	
# BLDGS ON LOT	☐ FRAME	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

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 (OR CORNER OF)	N.E.S.W. SIDE OF	
ADDRESS OF PROPERTY		Check one	NAME OF BUSINESS
CITY, TOWN, VILLAGE	ZIP	☐ OWNER OR ☐ LESSEE	CONTACT PERSON
ESTIMATED COST OF CONSTRUCTION:			ADDRESS
			CITY, STATE, ZIP
DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION		PHONE
DATE TO COMPLETE	☐ STEEL		EMAIL
LOT SIZE S.F.	☐ MASONRY	Grouping or apportioning lots? Yes_____ No_____	
# BLDGS ON LOT	☐ OTHER	List existing lots:	
DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)		Proposed lots:	

CHECK ALL THAT APPLY

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ OTHER (Describe)_____
- ☐ FAÇADE
- ☐ BASEMENT RENO
- ☐ HVAC
- ☐ ROOF
- ☐ PLUMBING

	SIZE	QUANTITY
☐ ELEVATORS		
☐ SPRINKLERS		
☐ SOLAR		
☐ ANTENNA		
☐ BILLBOARD		
☐ SATELLITE DISH		

USE BY SIZE AND FLOOR

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT				
1ST				
1ST				
2ND				
ADDNL FLOORS				
TOTAL # FLOORS				

List additional use below

Residential

	EXISTING # UNITS	PROPOSED # UNITS
☐ CO-OP		
☐ CONDO		
☐ RENTAL		
Studio		
1BDRM		
2BDRM		
3BDRM		
4 BDRM		
OTHER (Describe)		

DATE OF GRANTING OF PERMIT _____

_____
Signature of Applicant/Contact Person

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

_____
Address of Applicant/Contact Person Tele #

FIELD REPORT ON REVERSE

Rev 08/11

BUILDING PERMIT
PUBLIC UTILITY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

DATE REC'D

ZONING CLASSIFICATION | TOWN | SCHOOL DISTRICT | SECTION | BLOCK | LOT(S) | DATE

Sec / Blk / Lot

SECTION	BLOCK	LOT(S)

PERMIT # / ISSUE DATE

NASSAU COUNTY USE ONLY: Town Code | Company Code | Sch. Dist. | Lot

Property Location — N.E.S.W. SIDE OF (OR CORNER OF)

ADDRESS OF PROPERTY

CITY, TOWN, VILLAGE | ZIP

Owner of Property

OWNER'S NAME

ADDRESS OF PROPERTY

CITY, STATE, ZIP

PHONE

E-MAIL

NAME OF BUSINESS/CONTRACTOR

Check one

OWNER ☐ OR LESSEE ☐

CONTACT PERSON

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

Building Classification - Circle Item Below

Residential _____ Commercial _____

Other (Specify) _____

DESCRIPTION OF WORK (PLEASE PRINT CLEARLY):

ESTIMATED COST OF CONSTRUCTION:

LOT SIZE S.F.

BLDGS ON LOT

DATE TO BEGIN | DATE TO COMPLETE

PRINCIPLE TYPE OF CONSTRUCTION

STEEL ☐ MASONRY ☐

POLES, WIRES, CABLES ☐

Public Utilities

Public Utilities	
Electric	
Pipelines	
Private Water Co.	
Muni Water Dist	
Cables/Wires/Fiber Optics	
Telecomm (Landlines)	

Cellular Communications (Wireless)

Carrier		Mounting Arrngmt	
AT&T		ROOF	
MetroPCS		MONOPOLE	
Nextel		SATELLITE DISH	
Sprint		ANTENNA	
T-Mobile		WATER TOWER	
Verizon		LATTICE TOWER	
Other		Other	

Tanks		
	Concrete	gal.
Water	Steel	gal.
Fuel	Aluminum	gal.
Oil	Fiberglass	gal.
Other	Other	gal.

POWER PLANT ☐

Fuel Types: Natural Gas Diesel Fuel Turbine Other

TYPE:

Model:

Capacity - MW :

☐	PIPELINE GATE VALVE
☐	PREFAB SHELTER
☐	NEW BUILDING
☐	ADDITION
☐	DEMOLITION
☐	INTERIOR or EXTERIOR ALTERATION
☐	AIR CONDITIONING / HVAC
☐	ROOF
☐	RETIREMENT OF EQUIPMENT
☐	BACKUP GENERATOR KVA:
☐	OTHER (Describe):

SPECIFICATIONS:

NOTES:

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

_____
Signature of Applicant/Contact Person

_____
DATE OF GRANTING OF PERMIT

_____
Address of Applicant/Contact Person

FIELD REPORT ON REVERSE