



**BOARD OF ASSESSORS
COUNTY OF NASSAU**

**240 OLD COUNTRY ROAD
MINEOLA, N.Y. 11501**

Date Rec'd. _____

BUILDING PERMIT

OFFICE USE ONLY

SECTION	BLOCK	LOT	TOWN, CITY, VILLAGE	SCHOOL DIST NO.	PERMIT, NUMBER, TOWN CITY, VILLAGE, AND DATE ZONED AS
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LOCATION OF BUILDING	N.E.S.W. SIDE OF _____ FEET N.E.S.W. OF _____
	OR CORNER OF _____ AND _____

NUMBER AND STREET ADDRESS OF PROPERTY	OWNER OR LESSEE	<input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE
	NAME	STREET ADDRESS
POST OFFICE	ZIP	POST OFFICE AND ZIP CODE
		TELEPHONE #

TYPE OF IMPROVEMENT	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> CENTRAL AIR
		<input type="checkbox"/> ADDITION	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> RELOCATION

SELECTED CHARACTERISTICS OF BUILDING	PRINCIPLE TYPE OF CONSTRUCTION	RESIDENTIAL ONLY	PLUMBING FIXTURES
	<input type="checkbox"/> WOOD FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> STEEL	<input type="checkbox"/> BSMT <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER	NUMBER OF BATHROOMS <input type="checkbox"/> <input type="checkbox"/> BSMT. FINISH <input type="checkbox"/> ATTIC FINISH
ESTIMATED COST OF IMPROVEMENT	PRINCIPLE TYPE OF HEATING AND/OR CENTRAL AIR CONDITIONING	COMMERCIAL/INDUSTRIAL ONLY	NUMBER OF LAVATORIES _____
	<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> OTHER	<input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> CENTRAL AIR CONDITIONING	WATER CLOSET _____
		<input type="checkbox"/> NEW CONSTRUCTION OR ADDITION MUST INCLUDE SITE PLAN	BATH TUB _____
		<input type="checkbox"/> SPRINKLER SYSTEM	STALL SHOWER _____
		<input type="checkbox"/> ELEVATOR	KITCHEN SINKS _____
			LAUNDRY TUB _____
			URINAL _____
			BIDET _____
			TOTAL _____

DESCRIPTION OF IMPROVEMENT AND ESTIMATED COST

FIELD REPORT	FIELD REPORT (CONTINUED)	SECTION

DATE OF GRANTING OF PERMIT _____

Signature of Applicant _____

Address of Applicant _____

TELEPHONE # _____

NOTE: SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

AS-4412. 8/79.