

**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 of Architect or Engineer: _____

Name, address & phone 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 **and phone** of property owner | Name, address **and phone** of applicant

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

*

* 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** * * * * *

- | | | |
|--------------------------|-----------------------|--------------------------------|
| <input type="checkbox"/> | _____ Bd. Trustees | Electrical Permit Req'd? _____ |
| <input type="checkbox"/> | _____ Bd. Appeals | Plumbing Permit Req'd? _____ |
| <input type="checkbox"/> | _____ VOM Plan. Bd. | Date Received _____ |
| <input type="checkbox"/> | _____ NC Plan. Com. | |
| <input type="checkbox"/> | _____ NC DPW | Permit Fee \$ _____ |
| <input type="checkbox"/> | _____ NC Health | Deposit Fee \$ _____ |
| <input type="checkbox"/> | _____ NC Fire Marshal | Date Approved _____ |
| <input type="checkbox"/> | _____ NYS DOT | Date Issued _____ |
| <input type="checkbox"/> | _____ SEQR | Building Inspector _____ |
| | | Permit No. _____ |

ALL APPLICATIONS MUST BE SUBMITTED AS A COMPLETE PACKAGE



**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
LOTS(S)
DATE

Sec./Blk./Lot		PERMIT # / ISSUE DATE	
NASSAU COUNTY USE ONLY	Town Code	Company Code	Sch. Dist. Lot

Property (L-34110)	N.E.S.W. SIDE OF (OR CORNER OF)	NAME OF BUSINESS/CONTRACTOR
ADDRESS OF PROPERTY	Check one	CONTACT PERSON
CITY, TOWN, VILLAGE	OWNER <input type="checkbox"/>	ADDRESS
OWNER OF PROPERTY	OR	CITY, STATE, ZIP
OWNER'S NAME	LESSEE <input type="checkbox"/>	PHONE
ADDRESS OF PROPERTY		EMAIL
CITY, STATE, ZIP		Building Classification: Circle item below
PHONE	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>
E-MAIL	Other (Specify)	

DESCRIPTION OF WORK (PLEASE PRINT CLEARLY):

ESTIMATED COST OF CONSTRUCTION:	LOT SIZE S.F.	PRINCIPAL TYPE OF CONSTRUCTION
	# BLDGS ON LOT	STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/>
DATE TO BEGIN	DATE TO COMPLETE	POLES, WIRES, CABLES <input type="checkbox"/>

Public Utilities		Cellular Communications (Wireless)	
		Carrier	Mounting System
Electric		AT&T	ROOF
Pipelines		MetroPCS	MONOPOLE
Private Water Co.		Nextel	SATELLITE DISH
Muni Water Dist		Sprint	ANTENNA
Cables/Wires/Fiber Optics		T-Mobile	WATER TOWER
Telecomm (Landlines)		Verizon	LATTICE TOWER
		Other	Other

Tanks	Concrete	gal.	POWER PLANT <input type="checkbox"/>	Fuel types: Natural Gas, Diesel Fuel, Turbine, Other
Water	Steel	gal.	TYPE:	
Fuel	Aluminum	gal.	Model:	
Oil	Fiberglass	gal.		
Other	Other	gal.	Capacity - MW:	

<input type="checkbox"/>	PIPELINE GATE VALVE	SPECIFICATIONS:
<input type="checkbox"/>	PREFAB SHELTER	NOTES:
<input type="checkbox"/>	NEW BUILDING	
<input type="checkbox"/>	ADDITION	
<input type="checkbox"/>	DEMOLITION	
<input type="checkbox"/>	INTERIOR or EXTERIOR ALTERATION	
<input type="checkbox"/>	AIR CONDITIONING / HVAC	
<input type="checkbox"/>	ROOF	
<input type="checkbox"/>	RETIREMENT OF EQUIPMENT	
<input type="checkbox"/>	BACKUP GENERATOR KVA:	
<input type="checkbox"/>	OTHER (Describe):	

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

DATE OF GRANTING OF PERMIT

Signature of Applicant/Contact Person

Address of Applicant/Contact Person

FIELD REPORT ON REVERSE



**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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP
		PHONE

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

LOT SIZE S.F.	<input type="checkbox"/> MASONRY
---------------	----------------------------------

# BLDGS ON LOT	<input type="checkbox"/> FRAME
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**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

- | | |
|---|---|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> FIRE DAMAGE |
| <input type="checkbox"/> ADDITION (CHANGE IN S.F.) | <input type="checkbox"/> GARAGE/ OUT BUILDING |
| <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> MAINTAIN (PRE-EXISTING) | <input type="checkbox"/> RELOCATION |
| <input type="checkbox"/> RECONSTRUCTION | <input type="checkbox"/> REPLACEMENT |
| <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT | <input type="checkbox"/> SWIMMING POOL |
| <input type="checkbox"/> DORMERS | <input type="checkbox"/> TENNIS COURT |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> 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 <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"/> |

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 _____
LOTS) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____



BUILDING PERMIT
COMMERCIAL OR MIXED USE PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: _____

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: _____

DATE TO BEGIN _____

DATE TO COMPLETE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

Check one

OWNER OR LESSEE

NAME OF BUSINESS _____

CONTACT PERSON _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

If you wish to group or apportion lots, please call
516-571-1500 for more information.

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

CHECK ALL THAT APPLY

- NEW BUILDING
 - ADDITION (CHANGE IN S.F.)
 - DEMOLITION
 - ALTERATION (NO CHANGE IN S.F.)
 - OTHER (Describe) _____
 - FAÇADE
 - BASEMENT RENOVATION/ALTERATION
 - HVAC
 - ROOF
 - PLUMBING
- | | | |
|---|-------|----------|
| <input type="checkbox"/> ELEVATORS | SIZE | QUANTITY |
| <input type="checkbox"/> SPRINKLERS | _____ | _____ |
| <input type="checkbox"/> SOLAR | _____ | _____ |
| <input type="checkbox"/> ANTENNA | _____ | _____ |
| <input type="checkbox"/> BILLBOARD | _____ | _____ |
| <input type="checkbox"/> SATELLITE DISH | _____ | _____ |

USE BY SIZE AND FLOOR

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT	_____	_____	_____	_____
1ST	_____	_____	_____	_____
1ST addnl use	_____	_____	_____	_____
2ND	_____	_____	_____	_____
UPPER FLOORS	_____	_____	_____	_____
TOTAL # FLOORS	_____	_____	_____	_____

List additional use in comments section

Residential Use

CO-OP	<input type="checkbox"/>			
CONDO	<input type="checkbox"/>			
RENTAL	<input type="checkbox"/>			
	Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
Studio	_____	_____	_____	_____
1BDRM	_____	_____	_____	_____
2BDRM	_____	_____	_____	_____
3BDRM	_____	_____	_____	_____
4 BDRM	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

COMMENTS

Approved By _____

Date of Granting of Permit _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person _____

FIELD REPORT ON REVERSE

Please Print Name _____ Tele # _____

Township
School District
Section
Block
Lot(s)
Date