



**DEPARTMENT OF BUILDINGS
 AMENDED BUILDING PERMIT
 APPLICATION**

AMENDED	
Permit Number	
Permit Issue Date	

Project Information:			
Owner's Name:			
Project Address:	City:	State:	Zip:
Phone Number:	Email:		
Description of work filed under the original permit:			
Description of work involving a change to the permit:			
Change in Construction Cost:			
\$			
Property Owner Statement & Signature:			
<p>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 a 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.</p>			
Print Name:	Signature:	Date:	
Building Department Use Only:			
<input type="checkbox"/> Plumbing			
<input type="checkbox"/> Mech/Elec			
<input type="checkbox"/> Increase in footprint:			
<input type="checkbox"/> Increase in floor area:			
<input type="checkbox"/> Elimination of:			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Amended Permit Fee:	Receipt:		
Amended Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:

USE FOR RESIDENTIAL APPLICATIONS



**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			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:				ADDRESS	
WORK MUST BEGIN BY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	CITY, STATE, ZIP	
PERMIT EXP DATE				PHONE	
LOT SIZE S.F.				EMAIL	
# BLDGS ON LOT			PRINCIPLE TYPE OF CONSTRUCTION		
			<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <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 <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <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 _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<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
LOTS(S)
CA # OR BLDG #
UNIT #
DATE

USE FOR COMMERCIAL APPLICATIONS



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

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: **Floral Park**

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: _____ CONTACT PERSON: _____

ESTIMATED COST OF CONSTRUCTION: _____
 OWNER OR LESSEE
 ADDRESS: _____
 CITY, STATE, ZIP: _____

DATE TO BEGIN: _____ PRINCIPLE TYPE OF CONSTRUCTION: _____ PHONE: _____

DATE TO COMPLETE: _____
 STEEL
 MASONRY
 OTHER
 EMAIL: _____

LOT SIZE S.F.: _____
 # BLDGS ON LOT: _____
 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		USE BY SIZE AND FLOOR			
<input type="checkbox"/> NEW BUILDING		EXISTING S.F. AREA		PROPOSED S.F. AREA	
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)		Use	Size SF	Use	Size SF
<input type="checkbox"/> DEMOLITION					
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)					
<input type="checkbox"/> OTHER (Describe) _____					
<input type="checkbox"/> FAÇADE					
<input type="checkbox"/> BASEMENT RENOVATION/ALTERATION					
<input type="checkbox"/> HVAC					
<input type="checkbox"/> ROOF					
<input type="checkbox"/> PLUMBING					
	SIZE QUANTITY				
<input type="checkbox"/> ELEVATORS	_____				
<input type="checkbox"/> SPRINKLERS	_____				
<input type="checkbox"/> SOLAR	_____				
<input type="checkbox"/> ANTENNA	_____				
<input type="checkbox"/> BILLBOARD	_____				
<input type="checkbox"/> SATELLITE DISH	_____				
		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
		Studio	_____	_____	_____
		1BDRM	_____	_____	_____
		2BDRM	_____	_____	_____
		3BDRM	_____	_____	_____
		4 BDRM	_____	_____	_____
		OTHER	_____	_____	_____
		Describe	_____	_____	_____

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