



DEPARTMENT OF BUILDINGS BUILDING PERMIT GUIDELINES AND REQUIREMENTS

The following is a guide to assist you in obtaining a Building Permit for your project.

Any questions regarding the permit process can be answered from 8:30 am – 4:30 pm, Monday to Friday by contacting the Building

Department at 516.326.6319 or DOB@FPVillage.org

The Building Department is located at 1 Pool and Garage Road, Floral Park, NY

Interior Projects

- Building Permit Application – One (1) Copy (signed and notarized)
- Plumbing Permit Application (if work includes plumbing) – One (1) Copy (signed and notarized)
- Mechanical Permit Application (if work includes mechanical work) – One (1) Copy (signed and notarized)
- Filing Fee: \$50 nonrefundable, cash or check only
- Construction Documents drawn to scale – One (1) electronic review set, emailed to DOB@FPVillage.org (note: two (2) printed sets will be required at final approval) drawings must include:
 - Title block including the address of the property and the name and contact information for the design professional
 - A north arrow, scale and date on all drawings
 - Floor plans with dimensions clearly showing proposed new and removed walls, room names, and ceiling heights
 - Sections and details
 - Plumbing fixture locations and riser diagram
 - Building code compliance information including regional design criteria
 - Energy code compliance certification statement on drawing and Res/Com Check certification
 - Stamped and sealed by a NYS Registered Architect or Engineer
- Electronic Submission Cover Page - One (1) Copy
- Current Survey showing all property improvements (if survey is older than 12 months, a Survey Affidavit Form is required)- One (1) Copy
- Truss Type Construction Notice - One (1) Copy
- Nassau County Assessors Form - One (1) Copy

New Buildings, Additions or Renovations that Involve Work on the Exterior of the Building After Architectural Review Board Approval is Received (See Separate Application)

- Building Permit Application – One (1) Copy (signed and notarized)
- Plumbing Permit Application (if work includes plumbing) – One (1) Copy (signed and notarized)
- Mechanical Permit Application (if work includes mechanical work) – One (1) Copy (signed and notarized)
- Filing Fee: \$50 nonrefundable, cash or check only
- Construction Documents drawn to scale – One (1) electronic review set, emailed to DOB@FPVillage.org (note: two (2) printed sets will be required at final approval) drawings must include:
 - Title block including the address of the property and the name and contact information for the design professional
 - A north arrow, scale and date on all drawings
 - A site plan showing the driveway and all structures including setbacks to property lines.
 - Full zoning analysis
 - Floor plans with dimensions clearly showing proposed new and removed walls, room names, and ceiling heights
 - Exterior elevations showing floor heights and ridge height from grade
 - Sections and details
 - Plumbing fixture locations and riser diagram
 - Building code compliance information including regional design criteria
 - Energy code compliance certification statement on drawing and Res/Com Check certification
 - Stamped and sealed by a NYS Registered Architect or Engineer
- Electronic Submission Cover Page - One (1) Copy
- Request for Waiver of Complete Application (if preliminary drawings will be submitted for the purpose of obtaining a Notice of Disapproval necessary to appear before the Zoning board of Appeals)
- Current Survey showing all property improvements (if survey is older than 12 months, a Survey Affidavit Form is required)- One (1) Copy
- Truss Type Construction Notice - One (1) Copy
- Nassau County Assessors Form - One (1) Copy



**DEPARTMENT OF BUILDINGS
BUILDING PERMIT GUIDELINES
AND REQUIREMENTS**

PERMIT DESIGN CRITERIA EFFECTIVE MAY 12, 2020

THE FOLLOWING INFORMATION IS REQUIRED ON ALL DRAWING SETS SUBMITTED

BUILDING CODE COMPLIANCE

When plans or specifications bear the seal and signature of a registered design professional, such registered design professional must also include a written statement that “To the best of the knowledge, belief, and professional judgment of the undersigned, the plans and specifications depicted on these drawings are in compliance with the applicable provisions of the 2020 New York State Uniform Fire Prevention and Building Code and all supplements.”

ENERGY CODE COMPLIANCE

(Required for all submissions that include building envelope and/or HVAC work)

1. Compliance documentation following the prescriptive code or RES/COM Check certification including the accompanying checklists. (<https://www.energycodes.gov/software-and-web-tools>)
2. When plans or specifications bear the seal and signature of a registered design professional, such registered design professional shall also include a written statement that “To the best of my knowledge, belief and professional judgment, such plans or specifications are in compliance with the 2020 New York State Energy Conservation Construction Code and all supplements.”

CLIMATIC & GEOGRAPHIC DESIGN CRITERIA

(Required for all submissions that include structural and/or building envelope work)

Ground Snow Load (psf)	Wind Design			Seismic Design Category	Subject to Damage from		
	Speed (mph)	Topographical effects	Wind-borne Debris Zone		Weathering	Frost Line Depth	Termite
20	120	No	No	B	Severe	3'-0"	Moderate to Heavy

Winter Design Temperature	Ice Barrier Underlayment Required	Flood Hazards	Air Freezing Index	Mean Annual Temperature
13	Yes	Zone X	496	52.9



**DEPARTMENT OF BUILDINGS
BUILDING PERMIT APPLICATION**

BUILDING	
Tracking Number	
Permit Number	B -
Permit Issue Date	
Associated Permits	

Filing Status: (Check all that apply)		Incomplete applications will not be accepted	
<input type="checkbox"/> Proposed	<input type="checkbox"/> Maintain (year built _____)		
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Accessory Structure
		<input type="checkbox"/> Demolition	<input type="checkbox"/> In-Ground Pool
Property Information:			
Property Address:			
Section:	Block:	Lot(s):	Zone: <input type="checkbox"/> VFP Verified
Existing:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other:
Proposed:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other:
Description of Work:			
Estimated Cost of Construction:			
\$			
Property Owner Information:			
Owner's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
Applicant Information: <input type="checkbox"/> Owner is Applicant <input type="checkbox"/> Design Professional is Applicant			
Applicant's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
Design Professional Information: <input type="checkbox"/> No Design Professional			
Design Professional's Name:		<input type="checkbox"/> RA	<input type="checkbox"/> PE
Company Name:		NYS License Number:	
Company Address:		City:	State: Zip:
Phone Number:		Email:	



DEPARTMENT OF BUILDINGS BUILDING PERMIT APPLICATION

Contractor Information: <input type="checkbox"/> Work will be performed by Homeowner (waiver required) <input type="checkbox"/> Contractor information will be submitted at a later date				
Contractor's Name:				
Company Name:		Floral Park License Number:		<input type="checkbox"/> <i>VFP Verified</i>
Company Address:		City:	State:	Zip:
Phone Number:		Email:		
Electrician Information: <input type="checkbox"/> No Electrical Work <input type="checkbox"/> Electrician information will be submitted at a later date				
Electrician's Name:				
Company Name:		Floral Park License Number:		<input type="checkbox"/> <i>VFP Verified</i>
Company Address:		City:	State:	Zip:
Phone Number:		Email:		
Plumber Information: <input type="checkbox"/> No Plumbing Work <input type="checkbox"/> Plumber information will be submitted at a later date				
Plumber's Name:				
Company Name:		Floral Park License Number:		<input type="checkbox"/> <i>VFP Verified</i>
Company Address:		City:	State:	Zip:
Phone Number:		Email:		
Zoning Information: (not required for interior projects)				
Total Lot Square Footage (sf):				
Existing	Minimum Side Yard:	Aggregate Side Yard:	Front Yard:	Rear Yard:
	Lot Coverage (sf):	Lot Coverage (%):	Rear Lot Coverage (sf):	Rear Lot Coverage (%):
	Total Building Area (sf):	Building Height (stories):	Building Height (ft)	
Proposed	Minimum Side Yard:	Aggregate Side Yard:	Front Yard:	Rear Yard:
	Lot Coverage (sf):	Lot Coverage (%):	Rear Lot Coverage (sf):	Rear Lot Coverage (%):
	Total Building Area (sf):	Building Height (stories):	Building Height (ft)	
Other Permits Required: (To be filled out by Building Department)				
<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical/Electrical <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____				
Other Approvals Required: (To be filled out by Building Department)				
<input type="checkbox"/> Architectural Review Board <input type="checkbox"/> Board of Zoning Appeals <input type="checkbox"/> Board of Trustees				



DEPARTMENT OF BUILDINGS BUILDING PERMIT APPLICATION

Property Owner Statement & Signature:

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 am 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. I agree to permit the Building Inspector and any officer or employee of the Village of Floral Park to enter the premises in the discharge of their duties in accordance with this application, the NYS Building Code and the Floral Park Village Code. I hereby give consent to the listed applicant to make the application on my behalf for permit to perform said work.

Print Name:

Signature:

Date:

Applicant Statement & Signature:

The undersigned, being duly sworn, deposes and says that "The foregoing are all the alteration or repairs proposed to make to the building herein referred to and described; and hereby stipulates that all provisions of the Building and Village Code shall be complied with in the alteration or repair of said building, whether specified herein or not.

Print Name:

Signature:

Date:

Notary:

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in as the applicant and who executed the foregoing instrument and has acknowledged to me that he/she executed the same.

Notary Public

Building Department Use Only:

<input type="checkbox"/> Filing Fee: \$50	Receipt:	Building Permit Fee Calculation Residential: \$100 for the first \$1,000 of Construction Costs, \$10 each additional \$1,000 Commercial: \$200 for the first \$1,000 of Construction Costs, \$15 each additional \$1,000
<input type="checkbox"/> Building Permit Fee:	Receipt:	
<input type="checkbox"/> Existing Conditions Inspection Fee: \$100	Receipt:	
<input type="checkbox"/> C of C Fee: \$50	Receipt:	

Approvals:

Zoning Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
ARB Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	
BZA Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	
BOT Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	

Permit Conditions: The following conditions must be met before a Certificate of Occupancy or Completion can be issued:

- The Floral Park Building Department must be made aware of all field changes prior to the time of the change. Work is NOT to continue until an amended permit is filed and approved with the Building Department.
- All work is to be left exposed until inspected and approved by the Floral Park Building Department. Work closed up prior to inspection approval will need to be exposed for inspection at the owner's cost.
- Electrical certificates must be filed at the completion of the work.
- A foundation location survey must be submitted for a new house, garage or a commercial building BEFORE the structure is framed and a final survey must be submitted at completion.
- An updated survey must be submitted at completion for all new buildings and in-ground pools.
- All Architectural Review Board approvals, Board of Trustee resolutions, and Special Use approvals are valid for 6 months.
- The Building Permit must be posted and visible from the street for the duration of the construction process.
- The Building Permit is valid for 6 months, unless construction has started. If started, the permit is valid for 12 months from the date of issuance. Should the permit expire a permit renewal application, along with updated drawings and permit fee, must be filed and approved by the Building Department.



DEPARTMENT OF BUILDINGS REQUIRED INSPECTIONS

APPROVED ELECTRICAL CERTIFICATE ISSUERS

For all projects involving electrical work, the Electrician is required to hold a current Electricians License with the Village of Floral Park.

In addition, an original Certificate of Electrical Inspection, issued by an Electrical Inspection Agency approved by the Village of Floral Park, must be submitted prior to the issuance of a Certificate of Occupancy or Certificate of Completion.

Only Certificates from the following Electrical Inspectors will be accepted by the Village:

New York Board of Fire Underwriters/Electrical Inspectors, Inc.

516.794.0400

electricalinspectors.com

Certified Electrical Inspections Inc.

516.348.8975

cei-ny.com

NYS Electrical Inspections, Inc.

631.466.4235

nyselectricalinspections.com

Long Island Electrical Inspections, LTD

631.892.7068

lieinspectors.com

Electrical Inspection Service, Inc.

516.466.6486

eislongisland.com

Alliance Electrical Inspections Limited

516.248.0820

allianceeil.com

Suffolk Bureau of Electrical Inspectors, Inc.

631.495.8136

suffolkbei.com/NSEI



**DEPARTMENT OF BUILDINGS
TRUSS TYPE CONSTRUCTION NOTICE**

TRUSS TYPE CONSTRUCTION	
Tracking Number	
Permit Number	

This form must be signed and submitted with the Building Permit Application

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION IN RESIDENTIAL STRUCTURES (In accordance with Title 19 NYCRR PART 1265)

To: The Incorporated Village of Floral Park

Permit Information:		
Owners Name:		
Property Address:		
Please take notice that the (check all that apply):		
<input type="checkbox"/> New Residential Structure		
<input type="checkbox"/> Addition to Existing Residential Structure		
<input type="checkbox"/> Rehabilitation to Existing Residential Structure		
To be constructed or performed at the subject property referenced above will utilize (check each applicable line):		
<input type="checkbox"/> Truss Type Construction (TT)		
<input type="checkbox"/> Pre-Engineered Wood Construction (PW)		
<input type="checkbox"/> Timber Construction (TC)		
In the following location(s) (check all that apply):		
<input type="checkbox"/> Floor Framing, Including Girders and Beams (F)		
<input type="checkbox"/> Roof Framing (R)		
<input type="checkbox"/> Floor Framing and Roof Framing (FR)		
Applicant Statement & Signature:		
Print Name:	Signature:	Date:
Capacity (Check One): <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Representative		

Section 1265.4. Sign or symbol.

(a) Each new residential structure and each addition to or rehabilitation of an existing residential structure that utilizes truss type construction, pre-engineered wood construction and/or timber construction shall be identified by a sign or symbol in accordance with the provisions of this Part.

(b) The sign or symbol required by this Part shall be affixed to the electric box attached to the exterior of the residential structure; provided, however, that: (1) if affixing the sign or symbol to the electric box would obscure any meter on the electric box, or if the utility providing electric service to the residential structure does not allow the sign or symbol to be affixed to the electric box, the sign or symbol shall be affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box; and (2) if no electric box is attached to the exterior of the residential structure or if, in the opinion of the authority having jurisdiction, the electric box attached to the exterior of the building is not located in a place likely to be seen by firefighters or other first responders responding to a fire or other emergency at the residential structure, the sign or symbol required by this Part shall be affixed to the exterior of the residential structure in a location approved by the authority having jurisdiction as a location likely to be seen by firefighters or other first responders responding to a fire or other emergency at the residential structure.

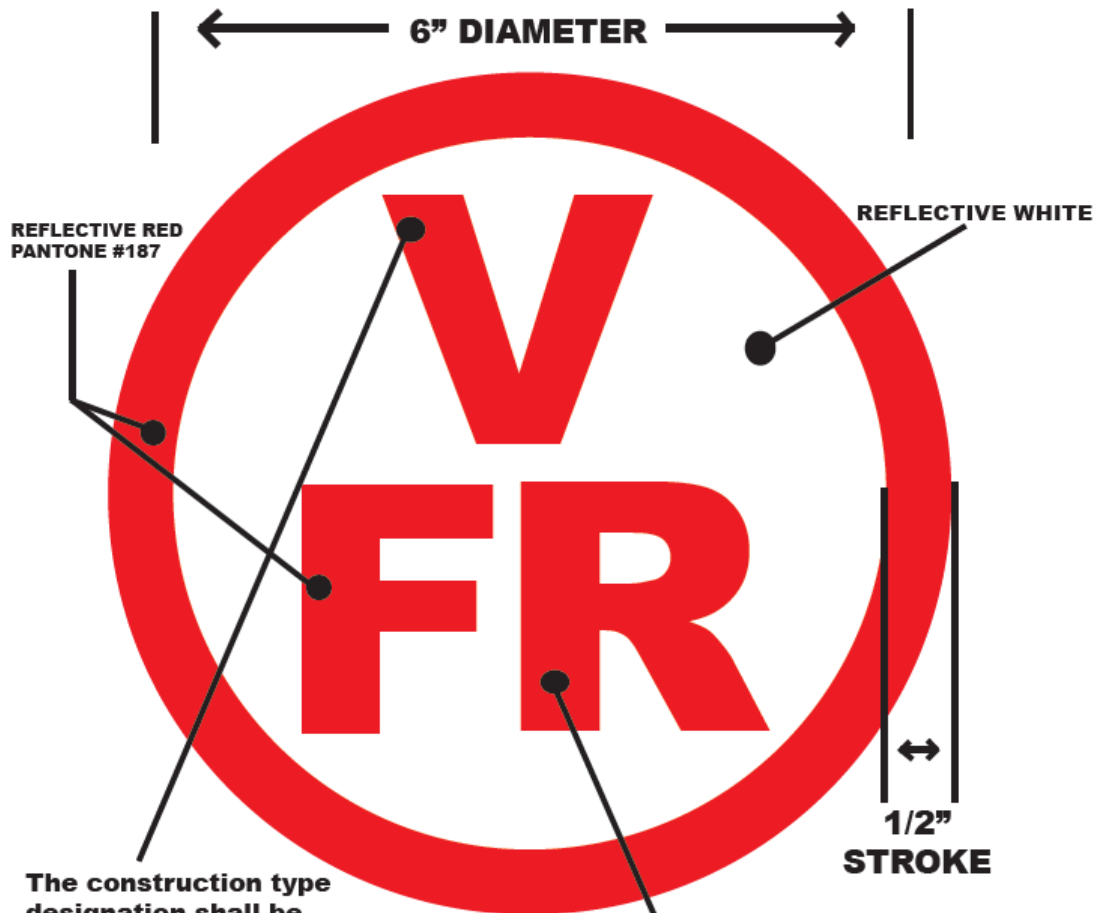
(c) The sign or symbol required by this Part shall be affixed prior to the issuance of a certificate of occupancy or a certificate of compliance. The authority having jurisdiction shall not issue a certificate of occupancy or certificate of compliance until the sign or symbol required by this Part shall have been affixed.



**DEPARTMENT OF BUILDINGS
TRUSS TYPE CONSTRUCTION NOTICE**

(d) The property owner shall be responsible for maintaining the sign or symbol required by this Part and shall promptly replace any such sign or symbol that is affixed to an electric box when any change or modification is made to such electric box. The property owner shall promptly replace the sign or symbol required by this Part if such sign or symbol is removed or becomes damaged, faded, worn or otherwise less conspicuous to firefighters or other first responders responding to a fire or other emergency at the residential structure. The property owner shall keep the area in the vicinity of the sign or symbol required by this Part clear of all plants, vegetation, and other obstructions that may hide or obscure such sign or symbol or otherwise cause such sign or symbol to be less conspicuous to firefighters or other first responders responding to a fire or other emergency at the residential structure.

(e) The sign or symbol indicating the utilization of truss type construction, pre-engineered wood construction and/or timber construction shall comply with the requirements of this subdivision.



The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING





**DEPARTMENT OF BUILDINGS
SURVEY CERTIFICATION AFFIDAVIT**

SURVEY AFFIDAVIT	
Tracking Number	
Permit Number	

In lieu of a recent survey dated within twelve (12) months from the date of this application, the following affidavit along with the most recent survey will be accepted.

Property Information:		
Owners Name:		
Property Address:		
Survey Certification Affidavit:		
<p>In accordance with 19 NYCRR, Codes, Rules and Regulations of the State of New York, Section 1203, all surveys, plot plans and/or site plans submitted to the Department of Buildings shall clearly depict all structures and site improvements. This is intended to include all primary and accessory structures, driveways, garages, decks, pool, equipment, etc. for both residential and commercial properties.</p>		
<p>In lieu of a current survey dated within twelve (12) months from the date of this application, I certify that I have personally inspected the above referenced property and determined that the plot plan / site plan submitted accurately depicts all existing site improvements as of the date of signature on this document.</p> <p>I certify that with respect to the above application the zoning analysis accurately reflects the dimensions and zoning requirements for the subject property.</p> <p>I acknowledge that the Department of Buildings is relying on this affidavit for the code review in accordance with the Village Code and NYS Building Code.</p>		
Applicant Statement & Signature:		
Print Name:	Signature:	Date:
Capacity (Check One):	<input type="checkbox"/> Owner	<input type="checkbox"/> Design Professional

**DEPARTMENT OF BUILDINGS
ELECTRONIC SUBMISSION GUIDELINES
AND REQUIREMENTS**

In our continuing effort to improve the building permitting process, the Building Department is offering the option of electronic submission of building plans for review.

**Any questions regarding the permit process can be answered from 8:30 am – 4:30 pm, Monday to Friday by contacting the Building Department at 516.326.6319 or DOB@FPVillage.org
The Building Department is located at 1 Pool and Garage Road, Floral Park, NY**

Digital Submission Requirements:

- The permit application and required forms and fee shall be submitted in person to the Building Department and include the attached electronic submission cover page.
- All construction plans, project manuals and energy calculations shall be submitted electronically in pdf format and emailed to DOB@FPVillage.org.
- All sheets shall be properly oriented so that the top of the page is always at the top of the monitor and the pages must be set to landscape.
- The cover sheet for the construction plans shall be indexed to correspond with the order of all pages submitted. This index should use the same names, page numbers and order of the actual paper plans.
- All architectural, structural, mechanical, electrical, and plumbing plans shall be in one file so that the plans examiner may scroll through the file and have the ability to view all pages without opening another file. The security options selected by the design professional shall allow the plans examiners to markup digital documents, create notes, and to apply digital signatures. The digital documents must be un-locked.
- It is necessary for all re-submittals to be in the same format as the original submission. Revisions to the construction plans must be indicated by clouding and deltas, with a narrative in the title box. A written response from the design professional/contractor addressing the plans examiners' comments, item by item, is required to accompany all re-submittals.
- Upon successful completion of the plan review process, the plans examiner will "stamp" the file electronically and apply digital approval signature. This will create an image on each sheet of the plans that indicates the plans have been reviewed for compliance. These plans will be saved as read-only and set to print with the stamp. Approved plans will be returned to the design professional, who will then print two (2) sets of the approved stamped plans, collated, stapled and folded. The applicant will be required to bring the approved construction plans and documents to the Building Department at the time the permit is to be issued.

(See Cover Page on Reverse Side)



DEPARTMENT OF BUILDINGS

ELECTRONIC SUBMISSION

TRACKING NUMBER:

ELECTRONIC SUBMISSION COVER PAGE

INCLUDE THIS COVER PAGE WITH THE PERMIT APPLICATION TO INDICATE CONSTRUCTION DOCUMENTS WILL BE EMAILED TO DOB@FPVILLAGE.ORG FOR ELECTRONIC REVIEW

SUBMISSION DATE: _____

PROPERTY ADDRESS: _____

SECTION: _____ BLOCK: _____ LOT(S): _____

DESIGN PROFESSIONAL: _____

EMAIL ADDRESS FOR CORRESPONDENCE: _____

USE FOR RESIDENTIAL APPLICATIONS



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: FLORAL PARK

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			<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	CITY, STATE, ZIP	
PERMIT EXP DATE				PHONE	
LOT SIZE S.F.			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION		
# BLDGS ON LOT					
EMAIL					

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 _____ 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

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

USE BY SIZE AND FLOOR

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

List additional use in comments section

Residential Use				
	Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
CO-OP	<input type="checkbox"/>	_____	_____	_____
CONDO	<input type="checkbox"/>	_____	_____	_____
RENTAL	<input type="checkbox"/>	_____	_____	_____
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
Lots
Date