

Receipt # _____

PERMIT/AMENDMENT # _____

Date _____

\$100 filing fee + \$15 for each \$1,000 of additional construction cost

VILLAGE OF GREAT NECK ESTATES
Atwater Plaza/4 Gateway Drive Great Neck, NY 11021
Application for Building Permit Amendment

Section 2 Block _____ LOT(s) _____ Estimated Cost of Additional Work \$ _____

Street Address _____

Name of Owner _____

Phone # of Owner _____ Phone # of Applicant _____ Email: _____

Change of Plans ☐

Description of Work

Application is hereby made for approval of the above amendment to the plans & specifications, etc.

Print Name _____

Signed _____
Owner/Applicant

Date _____

VILLAGE OF GREAT NECK ESTATES

Building Permit Summary

Assessor's Form

(To be completed by Architect with application)

Owner: _____

Section: 2 Block: _____ Lot(s): _____ Property Description: Residential ☐ Commercial ☐

Property Location: _____

Type of Permit: Full Demolition ☐ New Construction ☐ Addition ☐ Dormer ☐ Renovation ☐

Description of Permit: _____

Existing:

Lot Size: _____ Gross Floor Area (excluding garage): _____

Style: _____ # of stories: _____ Bathrooms: # Full _____ # Half _____

First Floor: _____ sq.ft. Second Floor: _____ sq.ft. Basement: Full ☐ Partial ☐ Slab ☐

Garage: # Cars: _____ Central Air: _____ Inground Pool: _____ Deck: _____ sq.ft. Porch: _____ sq.ft.

Fireplace #: _____ Type _____ Finished Cellar _____ sq.ft. Finished Attic: _____ sq.ft. Other: _____

Improvements (Total as complete)

Increase in Gross Floor Area: _____ sq.ft. Final Gross Floor Area: _____ sq.ft.

Style: _____ # of stories: _____ Bathrooms: # Full _____ # Half _____

First Floor: _____ sq.ft. Second Floor: _____ sq.ft. Basement: Full ☐ Partial ☐ Slab ☐

Garage: # Cars _____ Central Air: _____ Inground Pool: _____ Deck: _____ sq.ft. Porch: _____ sq.ft.


Fireplace #: _____ Type _____ Finished Cellar _____ sq.ft. Finished Attic: _____ sq.ft. Other: _____

Kitchen Reno: _____ Bathroom Reno: _____ Siding/Veneer: _____ Portico: _____ Porch _____ sq.ft.

FOR OFFICE USE ONLY:

Percentage of Completion	_____ % as of _____/_____/_____	Bldg Insp	_____
Percentage of Completion	_____ % as of _____/_____/_____	Bldg Insp	_____
Percentage of Completion	_____ % as of _____/_____/_____	Bldg Insp	_____

Previous Assessment: Land _____ Building _____ TAV _____
f/w/bldg dept/forms/Assessor's form

 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 D/S#	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/OWNER		
ESTIMATED COST OF CONSTRUCTION:				<input type="checkbox"/> OWNER <input type="checkbox"/> CR <input type="checkbox"/> LESSEE		
				ADDRESS		
WORK MUST BEGIN BY				CITY, STATE, ZIP		
PERMIT EXP DATE		PRINCIPLE TYPE OF CONSTRUCTION		PHONE		
		<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME		EMAIL		
LOT SIZE S.F.		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION				
# BLDGS ON LOT						
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 _____				<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		
				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"/>		
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 FIELD REPORT ON REVERSE				Address of Applicant/Contact Person _____		
				Telephone _____		

Rev 08/11