

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 \_\_\_\_\_

**Change of Plans**

**Air Conditioning**

**Miscellaneous**

**Description**

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 \_\_\_\_\_

NBDR (ASSESSOR USE ONLY)  
DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT(S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION
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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 \_\_\_\_\_

WORK MUST BEGIN BY \_\_\_\_\_ PERMIT EXP DATE \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_ # BLDGS ON LOT \_\_\_\_\_

Check one  
 OWNER  
 CR  
 LESSEE

NAME OF BUSINESS \_\_\_\_\_  
CONTACT PERSON/OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

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/D NEEDED YES  NO

VARIANCE OBTAINED YES  NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES  NO

SURVEY ENCLOSED YES  NO

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT \_\_\_\_\_

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

Signature of Applicant/Contact Person - Sign & Print \_\_\_\_\_  
Address of Applicant/Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Rev 09/11

TOWN  
SCHOOL DISTRICT  
SECTION  
BLOCK  
LOTS  
CA # OR BLDG #  
UNIT #  
DATE