

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 _____



**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	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION <input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	PHONE
PERMIT EXP DATE		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 _____	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
LOT(S)
CA # OR BLDG #
UNIT #
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

**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: *Village of Great Neck Estates Building Department*

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

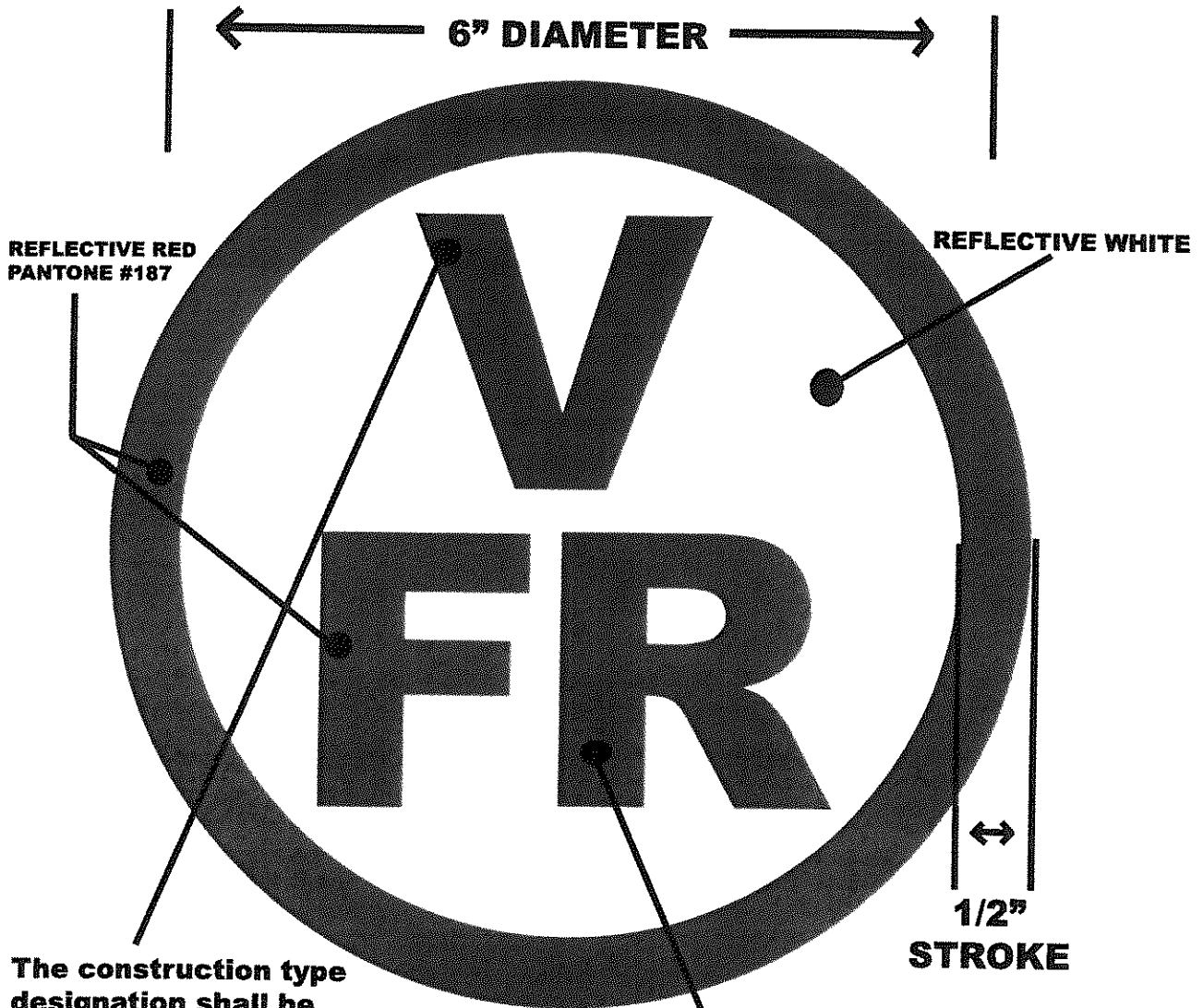
IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative



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

