

**OFFICE OF THE BUILDING INSPECTOR**  
VILLAGE OF OLD BROOKVILLE, NASSAU COUNTY, NEW YORK  
TEL: (516) 671-4664 FAX: (516) 671-4725

Examined \_\_\_\_\_ 20 \_\_\_\_

Approved \_\_\_\_\_ 20 \_\_\_\_

Disapproved a/c \_\_\_\_\_

A.R.B. \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

**Application for Building Permit**

Date \_\_\_\_\_, 20 \_\_\_\_

**INSTRUCTIONS**

- a. This application must be completely filled in by typewriter or ink and submitted in duplicate to the Building Inspector.
- b. A survey of the property and a plot plan showing location of existing and proposed buildings on premises, relationship to adjoining premises or public streets or areas must be submitted in duplicate.
- c. This application must be accompanied by two complete sets of plans showing proposed construction. Plans shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations. When work exceeds \$10,000 in cost or work involves structural alterations, plans must be filed by a Registered Architect or a Professional Engineer. At the completion of the work Architect or Engineer will certify to the Building Inspector that the work was completed in accordance with the approved plans.
- d. The work covered by this application shall not be commenced before the issuance of a Building Permit.
- e. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant for inspection throughout the progress of the work.
- f. No building shall be occupied or used in whole or in part for any purpose whatever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Inspector.

Property Address: \_\_\_\_\_

Map: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the applicable Building Code and Zoning Ordinance for the construction of buildings, additions or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

\_\_\_\_\_  
Name of Applicant ( Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address of Applicant

State whether applicant is owner, lessee, agent, architect, engineer or builder: \_\_\_\_\_

Name and Address of owner of premises: \_\_\_\_\_

If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer.

\_\_\_\_\_  
\_\_\_\_\_  
Name and Title of Corporate Officer

1. Description of proposed construction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Nature of work (check all applicable):  
 New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Removal \_\_\_\_\_ Demolition \_\_\_\_\_
3. Estimated Cost\* \_\_\_\_\_ Fee \_\_\_\_\_  
(to be paid on filing this application)
4. Zoning district in which premises are situated \_\_\_\_\_
5. Does proposed construction violate any zoning law, ordinance or regulation? \_\_\_\_\_
6. Name of Compensation Insurance Carrier \_\_\_\_\_  
 Number of Policy \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
 (Certificate of Insurance to be included)
7. Name of Architect or Engineer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Name of Contractor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_
8. Electrical work must be inspected by and a certificate of Approval obtained from an agency approved by the Board of Trustees.

Costs for the work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

\_\_\_\_\_ being duly sworn, deposes and says that  
 (Name of Individual Signing Application)

He is the applicant above named. He is the \_\_\_\_\_  
 (Contractor, agent, architect etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true and to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

\_\_\_\_\_  
 Signature of Applicant

Sworn to me before

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ County



BOARD OF ASSESSORS  
COUNTY OF NASSAU

240 OLD COUNTRY ROAD  
MINEOLA, N.Y. 11501

Date Rec'd.

BUILDING PERMIT

OFFICE USE ONLY

SECTION	BLOCK	LOT	TOWN, CITY, VILLAGE	SCHOOL DIST NO.	PERMIT, NUMBER, TOWN CITY, VILLAGE, AND DATE ZONED AS
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LOCATION OF BUILDING: N.E.S.W. SIDE OF \_\_\_\_\_ FEET N.E.S.W. OF \_\_\_\_\_  
OR CORNER OF \_\_\_\_\_ AND \_\_\_\_\_

NUMBER AND STREET ADDRESS OF PROPERTY: \_\_\_\_\_

OWNER OR LESSEE:  OWNER  LESSEE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

POST OFFICE: \_\_\_\_\_ ZIP: \_\_\_\_\_

POST OFFICE AND ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

TYPE OF IMPROVEMENT:  RESIDENTIAL  INDUSTRIAL  NEW BUILDING  ALTERATION  DEMOLITION  
 COMMERCIAL  OTHER  REPLACEMENT  ADDITION  SWIMMING POOL  PLUMBING  CENTRAL AIR  
 RELOCATION

SELECTED CHARACTERISTICS OF BUILDING

PRINCIPLE TYPE OF CONSTRUCTION:  WOOD FRAME  MASONRY  STEEL  BSMT  SLAB  OTHER

RESIDENTIAL ONLY: NUMBER OF BATHROOMS  BSMT. FINISH  ATTIC FINISH

PLUMBING FIXTURES: NUMBER OF LAVATORIES \_\_\_\_\_ WATER CLOSET \_\_\_\_\_ BATH TUB \_\_\_\_\_ STALL SHOWER \_\_\_\_\_ KITCHEN SINKS \_\_\_\_\_ LAUNDRY TUB \_\_\_\_\_ URINAL \_\_\_\_\_ BIDET \_\_\_\_\_ TOTAL \_\_\_\_\_

ESTIMATED COST OF IMPROVEMENT

PRINCIPLE TYPE OF HEATING AND/OR CENTRAL AIR CONDITIONING:  GAS  OIL  OTHER  ELECTRICITY  COAL  CENTRAL AIR CONDITIONING

COMMERCIAL/INDUSTRIAL ONLY:  NEW CONSTRUCTION OR ADDITION MUST INCLUDE SITE PLAN  SPRINKLER SYSTEM  ELEVATOR

DESCRIPTION OF IMPROVEMENT AND ESTIMATED COST

FIELD REPORT	FIELD REPORT (CONTINUED)	SECTION BLOCK LOT

DATE OF GRANTING OF PERMIT

Signature of Applicant \_\_\_\_\_

NOTE: SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant \_\_\_\_\_ TELEPHONE # \_\_\_\_\_