



**INC. VILLAGE OF SOUTH FLORAL PARK**

383 ROQUETTE AVENUE  
SOUTH FLORAL PARK, NEW YORK 11001  
www.southfloralpark.org

Telephone: (516) 352-8047

Fax: (516) 352-0651

**CLOSE EXPIRED PERMIT APPLICATION**

THIS FORM IS USED FOR THE CLOSING OF EXPIRED BUILDING AND PLUMBING PERMITS FOR WHICH A CERTIFICATE OF OCCUPANCY, COMPLETION OR APPROVAL HAS NOT BEEN ISSUED BUT WHERE CONSTRUCTION WORK HAS BEEN COMPLETED

1-Please submit \$150.00 permit fee, (per permit), which is non-refundable.

2- All required documentation is required at time of submission: such as surveys, electrical certificates, etc., when applicable

DATE: \_\_\_\_\_ EXPIRED PERMIT NUMBER(S): \_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT(S) \_\_\_\_\_

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

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

HOME PHONE: \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

APPLICANT (if different ) Name: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

DESCRIPTION OF WORK TO BE CLOSED OUT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY:

Fee Paid: \_\_\_\_\_

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)

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

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:  OWNER OR  LESSEE NAME OF BUSINESS \_\_\_\_\_

CITY, TOWN, VILLAGE \_\_\_\_\_ ZIP \_\_\_\_\_ CONTACT PERSON/OWNER \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

WORK MUST BEGIN BY \_\_\_\_\_ PRINCIPLE TYPE OF CONSTRUCTION:  STEEL  MASONRY  FRAME PHONE \_\_\_\_\_

PERMIT EXP DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_ # BLDGS ON LOT \_\_\_\_\_ 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		DOES RESIDENCE HAVE THE FOLLOWING	
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE	CENTRAL AIR	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING	FINISHED ATTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC	BASEMENT FINISH	
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING	1/4 <input type="checkbox"/>	1/2 <input type="checkbox"/>
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION	3/4 <input type="checkbox"/>	FULL <input type="checkbox"/>
<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		

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  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 \_\_\_\_\_ 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