## Hillage of Great Neck 61 Baker Hill Road Great Neck, NY 11024 Tel: (516) 482-00219



## **Building Permit Application**

Application No: \_\_\_\_\_

New Building	Addition	Alteration	Demo	Roof	Solar	Patio / Deck	A/C	Other
n detail all propose	ed structural, me	echanical, electric	cal and plur	mbing work	k; and a plo	land surveyor, and ot plan drawn to sca proposed building an	ale showing	ng location, size
	•			•		f Occupancy/Compl t be displayed at all		been issued, and
	e. Work must be					nt Neck and the Internit issuance; or an e		
Address		GE				1		
			s)		Build	ling Zone		
Description of Wo	- ork			T. A.		1/2		
		1/5		j'a	1 Am			
	5					Mo		
Estimated Cost of	Construction §	\$	A A		121	10/2		
Variance(s) require		100 E G		10		3		
Name and address					1	Telephone		
	Y	O DE		A CARROLL & B	18	Email		
Name and address	of Architect				Se Ey	Telephone		
		16		dam.Hatammad Sa	N.S	 Email		
Name and address	of Contractor	*4	· Trace			Telephone		
			TIL	OIL		Email		
Contact Name								
FC	OR BUILDING DE	EPTARTMENT USE	5			FOR OFFICE	USE	
				]	Permit Fee	;		
					Amount Re	eceived		
11.30.16		Date						

STATE OF NEW YORK	()
COUNTY OF NASSAU	)

		being duly	sworn says that he/she is the owner/agent of the property
above described. That all	statements made	in this application a	re true to the best of his/her knowledge and belief.
			lows: As sole owner of the above premises; Principal of Corporation, Firm or Company of Partnership
Sworn to before me this	day of	. 20	
2 HOLL 10 COLOR 1110 1110	uu) 01		(PRINT) Name of Applicant
Nota	 ry		Signature of Applicant
and inspect my property	and structure(s	) on the property p	and/or Agent of the Building Department to enter upon prior to the Building Department rendering a cion, and as may be necessary to administer the permit
		OWNER'S AUT	THORIZATION
I,	157	owne	er of the above described premises, situated within the
Incorporated Village of	Great Neck, Ne	w York; hereby au	athorize
having a place of busing	ness at	Sport 1	to obtain a building
permit and related perm	its in connection	n with the construc	ction activities at the above referred location.
Sworn to before me this	day of		11/2
			(PRINT) Name of Owner
Notar	ry		Signature of Owner
	any building" i	may ONLY occur	t Neck: "The erection, including excavating, demolition, between 8:00 a.m. and 7:00 p.m. on Monday through days.
	GEN	ERAL CONTRACTR	OR'S AUTHORIZATION
STATE OF NEW YORK) COUNTY OF NASSAU)			
		being duly	sworn says that he/she shall be the sole General Contractor of
Workers Compensation In	surance Laws and	ve described and ag d the International E	rees to fully comply with all Village Laws, New York State Building Codes; and further, shall be responsible for his property throughout the course of construction.
(PRINT) Name of	General Contractor	's Business	(PRINT) Name of General Contractor
That all statements made i	in this application	are true to the best	of his/her knowledge and belief.
Sworn to before me this	day of	, 20	
Notar	rv		Signature of General Contractor