

# INCORPORATED VILLAGE OF KENSINGTON

NASSAU COUNTY, NEW YORK

2 Nassau Drive, Great Neck, NY 11021 (516) 482-4409 Fax (516) 482-2866 [www.villageofkensingtonny.com](http://www.villageofkensingtonny.com)

## BUILDING or PLUMBING PERMIT AMENDMENT

### Property Owner's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Address of Permit Activity:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Amended Permit Information:

Amend Building Permit - Original Building Permit Number \_\_\_\_\_ Date of Permit: \_\_\_/\_\_\_/20\_\_\_  
 Amend Plumbing Permit - Original Plumbing Permit Number \_\_\_\_\_ Date of Permit: \_\_\_/\_\_\_/20\_\_\_

Reason for amending permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Will the amendment result in:

- Additional SF to be constructed?  Yes  No
- Additional SF to be renovated?  Yes  No
- A variance from the BZA?  Yes  No
- Approval from the ARB?  Yes  No
- The relocation or addition of any plumbing fixtures or HVAC units?  Yes  No

DO NOT WRITE BELOW THIS LINE – AMENDMENT IS NOT VALID UNLESS STAMPED BELOW

<b>Additional Fee(s):</b> Building Permit: \$ _____ Plumbing Permit: \$ _____ ARB: \$ _____ BZA: _____
Date Rec'd: _____ Fee Paid: \$ _____ Fee Type: _____ Check #: _____
VILLAGE USE ONLY Date Rec'd: _____ Fee Paid: \$ _____ Fee Type: _____ Check #: _____