



**Town of North Hempstead**  
 Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327  
 Tel. (516) 869-7660 Fax. (516) 869-7662

Appl. Number: \_\_\_\_\_  
 (Official Use Only)

**COMMERCIAL ZONING ANALYSIS SUBMISSION SHEET**

[Required for submission with all Commercial Alterations , Additions and New Building Permit Applications.]

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

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot (s): \_\_\_\_\_

Zoning District	_____	Total Lot Area:	_____	sq. ft.
Max. Permitted Coverage:	_____	sq. ft.	Proposed Coverage:	_____
				sq. ft.
Max. Permitted Coverage	_____	%	Proposed Coverage (%):	_____
				%
Front Yard Required:	_____	ft.	Front Yard Provided:	_____
				ft.
Front Yard Required	_____	ft.	Front Yard Provided (Corner	_____
				ft.
Min. Side Yard Permitted:	_____	ft.	Side Yard (1) Provided:	_____
				ft.
Min. Side Yard Permitted:	_____	ft.	Side Yard (2) Provided:	_____
				ft.
Rear Yard Required:	_____	ft.	Rear Yard Provided:	_____
				ft.
Landscaped Buffer	_____	ft.	Landscaped Buffer	_____
				ft.
Max. Height Permitted:	_____	ft.	Max. Height Proposed:	_____
				ft.

Parking Calculations:	To Be Calculated Per the Following Requirements		
Retail (deduct 1,000 sf)	1 space : 300 sf	_____	_____
		sf	spaces
Office	1 space : 200 sf	_____	_____
		sf	spaces
Medical Office	1 space : 150 sf	_____	_____
		sf	spaces
All Other Business	1 space : 300 sf	_____	_____
		sf	spaces
Assembly	1 space : 4	_____	_____
		sf	spaces
Warehouses / Storage	1 space : 600 sf	_____	_____
		sf	spaces
Other	1 space :	_____	_____
		sf	spaces
Parking Spaces Required:		_____	_____
			spaces
Off Street Loading Bays:	1 : 10,000 sf	_____	_____
		sf	loading bays

Architect / Engineer: \_\_\_\_\_ Business / Corporate \_\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle \_\_\_\_\_ Lic. \_\_\_\_\_

Street \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Architect /Engineer Stamp and Original Signature MUST appear here.