



**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)

**RESIDENTIAL ZONING ANALYSIS**  
**SUBMISSION SHEET**

[Required for submission with all Residential Additions and New Building Permit Applications.]

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

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

Zoning District Classification:	_____	Total Lot Area:	_____	sq. ft.
Max. Permitted Coverage:	_____	sq. ft.	Proposed Coverage:	_____
				sq. ft.
Max. Permitted Coverage (%):	_____	%	Proposed Coverage (%):	_____
				%
Max. Permitted Gross Floor Area:	_____	sq. ft.	Proposed Gross Floor Area:	_____
				sq. ft.
Max. Permitted Gross Floor Area:	_____	%	Proposed Floor Gross Area:	_____
				%
Front Yard Required:	_____	ft.	Front Yard Provided:	_____
				ft.
Avg. Front Yard (min 200')	_____	ft.	Front Yard Provided:	_____
				ft.
Front Yard Required (Corner Lot):	_____	ft.	Front Yard Provided (Corner Lot):	_____
				ft.
Min. Side Yard Permitted:	_____	ft.	Side Yard (1) Provided:	_____
				ft.
Min. Side Yard Permitted:	_____	ft.	Side Yard (2) Provided:	_____
				ft.
Aggregate Side Yard Required:	_____	ft.	Aggregate Side Yard Provided:	_____
				ft.
Rear Yard Required:	_____	ft.	Rear Yard Provided:	_____
				ft.
Max. Height to Ridge:	_____	ft.	Ridge Height Proposed:	_____
				ft.
Max. Height to Eaves:	_____	ft.	Eaves Height Proposed:	_____
				ft.

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

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Architect / Engineer Stamp and Original Signature MUST appear here.**