

BUILDING PERMIT APPLICATION

INCORPORATED VILLAGE OF ATLANTIC BEACH – DEPARTMENT OF BUILDINGS

ALL INFORMATION MUST BE PRINTED – CROSS OUTS MAY VOID APPLICATION

It is the policy of this Department to abandon and destroy, without notification, any application that has been left dormant by the owner or agent thereof for 90 days. All fees paid in relation to such an application will be non-refundable and non-transferable.

Application # \_\_\_\_\_ Date Received \_\_\_\_\_ Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_

1. LOCATION OF BUILDING	Number and street	INCORPORATED VILLAGE OF ATLANTIC BEACH	Section 58	Block	Lots
	N.S.E.W. side of _____ feet N.S.E.W. _____ or N.S.E.W. _____ corner of _____				

II. TYPE AND COST OF BUILDING – All applicants must complete this Part  
Check All That Apply  
( ) New Dwelling ( ) Addition ( ) Alteration ( ) Fence ( ) Pool ( ) Deck ( ) Driveway ( ) Accessory Shed/Building

III. WORK PROPOSED – Describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ COST OF IMPROVEMENT \$ \_\_\_\_\_

IV. SELECTED CHARACTERISTICS OF BUILDING:	OCCUPANCY CLASSIFICATION _____
DIMENSIONS OF LOT _____ X _____	Number of stories _____
Total land area sq.ft. _____	Percent of lot occupied _____ %
Total square feet of floor area _____	or
all floors, based on exterior _____	Floor Area Ratio _____
dimensions (exclus. Base or cellar) _____	

V. IDENTIFICATION – To be completed by all applicants

	Name	Mailing Address	Zip Code	Tel. No.
Arch. or Eng.				
Contractor				
Owner				

Pursuant to the Worker’s Compensation Law, a Certificate of Insurance on the standard form approved by the Industrial Commissioner must be filed with this application covering all operations in connection therewith.

The owner of this building and the undersigned agree to conform to all applicable laws of the State of New York and Atlantic Beach.

\_\_\_\_\_, states that he/she is authorized to make this application and that all statements are true to the best of his/her knowledge and belief. (If corporation, give name of corporation, and name, office, and address of its responsible officers.)

Owner’s signature _____	Sworn to before me this _____ day of _____, 201 _____
Applicant’s signature _____	_____ Notary Public
Address _____	
Telephone Number _____	

DO NOT WRITE BELOW THIS LINE – FOR VILLAGE OF ATLANTIC BEACH USE ONLY

Adjusted Cost	Permit fee – 1 <sup>st</sup> \$	2 <sup>nd</sup> \$	Total \$	Site Plan Fee Acres = _____
Approved by _____	Permit Title _____			

Zoning District BZA Case#	Flood Zone _____ By: _____ Hazard Base Flood Elevation _____
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