

VILLAGE OF ATLANTIC BEACH – BUILDING PERMIT APPLICATION

65 The Plaza, Atlantic Beach, New York 11509

Office: (516) 371- 4600 Email: [plaza65buildings@aol.com](mailto:plaza65buildings@aol.com)

(Office use only)

Application # \_\_\_\_\_ Date Received: \_\_\_\_\_ Fee(s): \_\_\_\_\_  
Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Permit fee: \_\_\_\_\_

Owner(s): \_\_\_\_\_  
Property Address: \_\_\_\_\_ SBL: 58/ \_\_\_\_\_  
Mailing Address (if different from property): \_\_\_\_\_  
Email: \_\_\_\_\_ Tel # \_\_\_\_\_

Work proposed: \_\_\_\_\_  
Cost of Construction \$ \_\_\_\_\_

- \*Submit 2 sets of Plans and 1 PDF with most updated survey
- \*Signed and sealed by a NYS licensed Architect or Engineer
- \*All drawings to a scale of at least 1/4 inch.
- \*Zoning calculations must be on the first page of the plans
- \*Plot plan must indicate all setbacks for new and existing construction
- \*Elevation drawings must show proposed and existing heights

Architect/Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel #: \_\_\_\_\_

All CONTRACTORS must be licensed in the Village of Atlantic Beach in order to work. Nassau County Consumer Affairs License, Liability Insurance with the Village of Atlantic Beach as the Certificate Holder and Additionally Insured, and Worker's Compensation must be up to date in order for a permit to be issued.

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel #: \_\_\_\_\_

Affidavit of Property Owner/Applicant

STATE OF NEW YORK  
COUNTY OF NASSAU SS:

I, \_\_\_\_\_ being the owner/applicant duly sworn, deposes and says; that all work proposed to be done upon said premises will be done in accordance with the approved application and approved plans. The applicant duly sworn says he/she is authorized by the owner to make application for a permit to perform said work in the foregoing application.

Signature

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

Notary signature

Examined and approved on \_\_\_\_\_, 20

Plans Examiner/Building Inspector

VILLAGE OF ATLANTIC BEACH  
DUMPSTER/CONTAINER PERMIT APPLICATION  
65 THE PLAZA, PO BOX 189, ATLANTIC BEACH, NY 11509

Office: 516-371-4600

Fax: 516-371-4631

E-mail: plaza65buildings@aol.com

DATE: \_\_\_\_\_ NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_

30 DAY PERMIT (\$25.00) \_\_\_\_\_ 90 DAY PERMIT (\$50.00) \_\_\_\_\_

START DATE: \_\_\_\_\_

OWNER OF PREMISES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

APPLICANT'S INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DUMPSTER LOCATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

SIZE OF DUMPSTER/CONTAINER: \_\_\_\_\_

CARTER'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

All carters must have a valid license with the Village of Atlantic Beach

All dumpsters shall have reflectors and must be covered, when not in use

Dumpsters are not permitted on any street within the Village of Atlantic Beach from  
December 1st to March 31st unless authorized by the Building Inspector

**INCORPORATED VILLAGE OF ATLANTIC BEACH  
BUILDING PERMIT APPLICATION**

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**APPLICATION FOR AN OCCUPATIONAL LICENSE IN THE  
INCORPORATED VILLAGE OF ATLANTIC BEACH**

\_\_\_ Contractor \_\_\_ HVAC \_\_\_ Electrician \_\_\_ Plumber **LICENSE #** \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF PRINCIPAL COMPANY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20  
Notary Public, Nassau County, N.Y., No. \_\_\_\_\_

1. THE FOLLOWING ARE REQUIRED TO APPLY FOR A LICENSE AND ALL INSURANCE SHALL  
NAME THE INCORPORATED VILLAGE OF ATLANTIC BEACH AS CERTIFICATE HOLDER  
AND ADDITIONAL INSURED

- \_\_\_ Certificate of Liability
- \_\_\_ Certificate of Workman's Compensation
- \_\_\_ Copy of current Nassau County Consumer Affairs License
- \_\_\_ Copy of Master Plumbers License
- \_\_\_ Copy of Master Electricians License

\_\_\_ \$200.00 Fee payable to the Incorporated Village of Atlantic Beach

NOTE: All licenses expire in 2 years

Please mail to: Incorporated Village of Atlantic Beach  
65 The Plaza, PO Box 189, Atlantic Beach, NY 11509

All insurance certificates and licenses can be emailed to plaza65buildings@aol.com for faster processing.



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65 THE PLAZA, PO BOX 189  
ATLANTIC BEACH, NY 11509  
516-371-4600  
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**APPLICATION FOR STORAGE UNITS**  
**ENCLOSED CONTAINER OR**  
**PORTABLE ON DEMAND STORAGE UNITS (PODS)**

CHAPTER 191-1,2,3 OF THE CODE OF THE VILLAGE OF ATLANTIC BEACH

**HOMEOWNER:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

**CONTRACTOR:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

**PROVIDER:** \_\_\_\_\_  
**BUILDING PERMIT #:** \_\_\_\_\_

**TIMEFRAME CONTAINER WILL BE ON PROPERTY:** \_\_\_\_\_

ENCLOSED CONTAINER OR PORTABLE ON DEMAND STORAGE UNIT MAY ONLY BE USED BY HOMEOWNERS OR CONTRACTORS DURING THE SPECIFIC PERIOD OF TIME THAT A VALID BUILDING PERMIT REMAINS IN FORCE FOR CONSTRUCTION ON A HOMEOWNERS RESIDENCE.

PERMIT MUST BE OBTAINED PRIOR TO CONTAINER BEING LOCATED ON PROPERTY

CONTAINER IS NOT PERMITTED TO BLOCK SIDEWALK

<b>FEE FOR EACH</b>	<b>\$150 FOR THE FIRST MONTH</b>
<b>INDIVIDUAL CONTAINER:</b>	<b>\$250 FOR EACH ADDITIONAL MONTH OR PART OF MONTH</b>

SIGNATURE OF HOMEOWNER(S) \_\_\_\_\_  
\_\_\_\_\_