

VILLAGE OF ATLANTIC BEACH – BUILDING PERMIT APPLICATION

65 The Plaza, Atlantic Beach, New York 11509

Office: (516) 371- 4600 Email: 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

**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.