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 NAM	/ IE:				
ADDRE	SS:				
TELEPH	IONE:			FAX:	
EMAIL:					
NAME OF PRIN	CIPAL COMP.	ANY OWN	ER:		
ADDRE	SS:				
SIGNAT	TURE:				
Sworn to before me Notary Public, Nas	e this da	ay of	20		
NAME TH		TED VILLAG			ALL INSURANCE SHALL ERTIFICATE HOLDER
Certific Copy o Copy o	cate of Liability cate of Workma f current Nassa f Master Plumb f Master Electri	u County Cor ers License	nsumer Affairs	License	
) Fee payable to All licenses exp	-	_	f Atlantic Beac	·h
Please mail	to: Incorporat	ed Village of	Atlantic Beach		

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

65 The Plaza, PO Box 189, Atlantic Beach, NY 11509