

VILLAGE OF ATLANTIC BEACH – BUILDING PERMIT APPLICATION  
65 The Plaza, Atlantic Beach, New York 11509  
Office: (516) 371- 4600 Email: [building@atlanticbeachNY.gov](mailto:building@atlanticbeachNY.gov)

(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 \$ \_\_\_\_\_

- \*Signed and sealed by a NYS licensed Architect or Engineer
- \*All drawings to a scale of at least ¼ 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