



INCORPORATED

# Village of Atlantic Beach

65 THE PLAZA

P.O. BOX 189

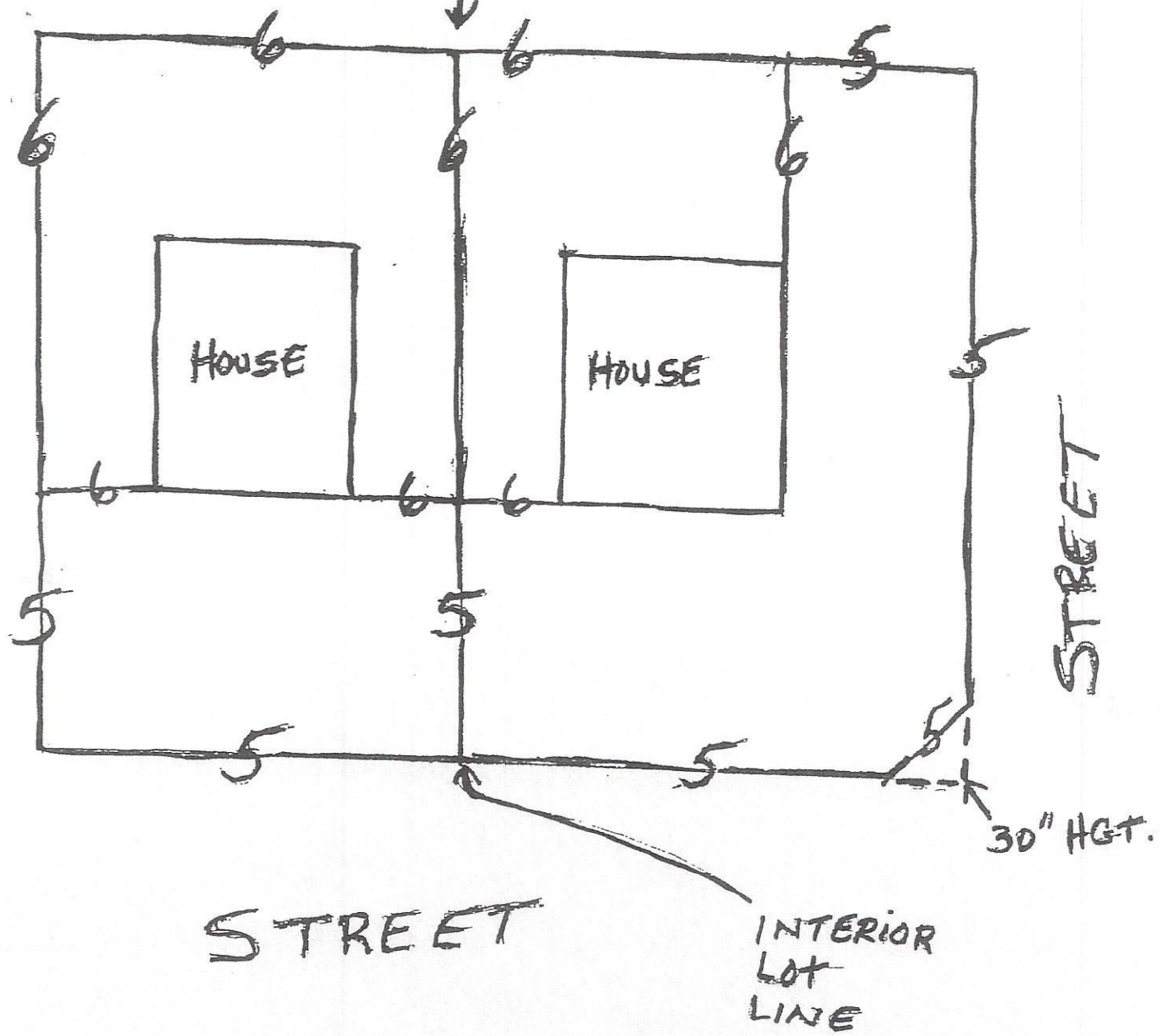
ATLANTIC BEACH, N.Y. 11509

(516) 371-4600 FAX (516) 371-4631

email: [building@atlanticbeachny.gov](mailto:building@atlanticbeachny.gov)

When submitting your application for an **FENCE PERMIT** please include the following:

1. **VAB Building Application** completed, signed and notarized.
2. Two (2) copies of the **property survey** indicating location of fence on the property.
3. **Affidavit** regarding Property Line Fence Enclosures signed and notarized.
4. The name of your **contractor** who is has a **current VAB License**.
5. Copy of **Certificate of Workers' Compensation Insurance**.
5. \$75.00 (check, money order, or cash) payable to the **Inc. Village of Atlantic Beach**





INCORPORATED

# Village of Atlantic Beach

65 THE PLAZA

P.O. BOX 189

ATLANTIC BEACH, N.Y. 11509

(516) 371-4600 FAX (516) 371-4631

email:

building@atlanticbeachny.gov

## FENCE PERMIT PROPERTY OWNER AFFIDAVIT

DATE \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn deposes and says that I am the owner of \_\_\_\_\_, and that I am this day, making an application to the Building Department of the Inc Village Of Atlantic Beach, for a permit to construct a fence. The fence will be entirely within the property lines of the subject property and I will be responsible for locating the property lines.

I make this affidavit with the full knowledge that the Building Department relies upon the Truth of the statements herein contained and in relaying thereon will issue a permit called for the application.

Height of Fences must comply with Section 250-119 of the Code of the Village of Atlantic Beach.

Sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( Property Owner Signature Only)

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 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