



OFFICE USE ONLY	
Date Application Received:	
Permit Number:	Fee: \$100
Payment Info:	

**DEPARTMENT OF BUILDINGS**

376 ATLANTIC AVENUE • PO Box 189 • EAST ROCKAWAY, NY 11518

Tel: (516) 887-6310 • Fax: (516) 887-6311

[www.villageofeastrockaway.org](http://www.villageofeastrockaway.org) • [buildings@villageofeastrockaway.org](mailto:buildings@villageofeastrockaway.org)

**FENCE PERMIT APPLICATION**

**PLEASE NOTE: A survey, in duplicate, must accompany this application showing the location of the proposed fence.**

OWNERS NAME: \_\_\_\_\_ TEL#/EMAIL: \_\_\_\_\_

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

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

ZONE: \_\_\_\_\_ VILLAGE SECTION: \_\_\_\_\_ VILLAGE BLOCK: \_\_\_\_\_ VILLAGE LOT(S): \_\_\_\_\_

COST OF FENCE (IN DOLLARS): \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_ ESTIMATED END DATE: \_\_\_\_\_

***Please Note: A current copy of Contractor's Liability Insurance, Worker's Compensation Insurance (or waiver) & a Current NYS Home Improvement License MUST be submitted with this application!***

<b>LOCATION OF FENCE:</b> FRONT: _____ SIDE: _____ REAR: _____	<b>HEIGHT OF FENCE:</b> FRONT: _____ SIDE: _____ REAR: _____	<b>CONSTRUCTION OF FENCE:</b> MASONRY: _____ WIRE: _____ WOOD: _____ IRON: _____ PVC: _____ CYCLONE: _____
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THE OWNER OF THIS PROPERTY AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE VILLAGE OF EAST ROCKAWAY.

\_\_\_\_\_, being duly sworn deposes and says that he/she is the owner of the property heretofore described and that he/she has read the foregoing application and he/she fully authorizes the fence to be constructed on said property.

State of New York)

) ss:

County of Nassau )

\_\_\_\_\_  
(Owner's Signature)

Sworn to before me this

\_\_\_\_\_  
(Contractor's Signature)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Contractor's Name - Please Print)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Address)

**ALL FENCES MUST BE WITHIN THE PROPERTY LINES AND  
THE FINISHED SIDE MUST FACE THE ADJOINING PROPERTY**

\_\_\_\_\_  
(Telephone Number)