

INC. VILLAGE OF
EAST ROCKAWAY
BUILDING DEPARTMENT
 376 ATLANTIC AVENUE - EAST ROCKAWAY, NY 11518
 (516) 887-6310

FENCE PERMIT APPLICATION

PLEASE NOTE: A survey, in duplicate, must accompany this application showing the location of the proposed fence. Application must be filled out in it's entirety.

<i>Office Use Only</i>			
Date Approved _____	Approved By _____	Fee \$ 50.00	Permit # _____

PROPERTY ADDRESS	ZONE	OWNERS NAME
OWNERS ADDRESS		TEL. #
CURRENT USE	PROPOSED USE	
VILLAGE SECTION	VILLAGE BLOCK	VILLAGE LOT(S)
CONTRACTOR (see below)	CONTRACTOR TEL. #	COST OF FENCE \$

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

LOCATION OF FENCE: ___ FRONT ___ SIDE ___ REAR	HEIGHT OF FENCE: ___ FRONT ___ SIDE ___ REAR
CONSTRUCTION OF FENCE ___ MASONRY ___ WIRE ___ WOOD ___ IRON ___ PVC ___ CYCLONE	
ESTIMATED START DATE:	ESTIMATED END DATE:

THE OWNER OF THIS PROPERTY AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE VILLAGE OF EAST ROCKAWAY.

State of New York)

) ss:

County of Nassau)

(Owner's signature)

_____, 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.

Sworn to before me this

_____ day of _____, 20____

(Notary Public)

(Applicant's signature)

(Applicant's name - please print)

(Address)

(Telephone Number)

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