

INC. VILLAGE OF BAYVILLE
BUILDING DEPARTMENT
34 SCHOOL STREET
BAYVILLE, NY 11709
TELEPHONE: 516-628-1247

FEE*: **\$100**

Receipt #: _____

GENERATOR PERMIT APPLICATION

APPLICANT'S NAME _____

OWNER'S NAME _____ CONTACT PHONE _____

HOME ADDRESS _____

SITE ADDRESS _____

SECTION _____ BLOCK _____ LOT(S) _____ ZONE _____ FLOOD ZONE** _____

BAYVILLE-LICENSED PLUMBER NAME _____

PLUMBER'S 4-DIGIT BAYVILLE-SPECIFIC LICENSE NUMBER _____

CONFIRM THE FOLLOWING IS INCLUDED:

**COPY OF CURRENT SURVEY SHOWING ALL EXISTING STRUCTURES, MARKED WITH
PROPOSED GENERATOR LOCATION, DIMENSIONS, AND SETBACKS**

FULL DESCRIPTION OR MANUAL OF PROPOSED GENERATOR

INDICATE CORNER OR INTERIOR LOT

**IF LOCATED IN A FLOOD ZONE, THE BOTTOM OF THE GENERATOR MUST BE AT
OR ABOVE 2' ABOVE BASE FLOOD ELEVATION**

_____ says that he/she is the applicant above named.
(Name of individual signing application)

He/She is the _____ of said owner or owners, and is duly authorized
(Contractor, agent, corporate officer, etc.)

to perform or have performed the said work and to make and file this application; that all statements contained in the application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

OWNER/AGENT SIGNATURE _____ DATE _____