

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

FEE*: _____

Receipt #: _____

\$ 100 for first unit, \$75 ea. add.

A/C PERMIT APPLICATION

TYPE OF A/C: Split System Heat Pump Packaged Central A/C Ductless Mini-Split System

APPLICANT'S NAME _____

OWNER'S NAME _____ CONTACT PHONE _____

HOME ADDRESS _____

SITE ADDRESS _____

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

MUST PROVIDE THE FOLLOWING:

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

FULL DESCRIPTION OF PROPOSED UNIT

INDICATE INTERIOR OR CORNER LOT

IF LOCATED IN A FLOOD ZONE, THE BOTTOM OF THE UNIT MUST BE LOCATED AT OR ABOVE 2 FEET 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 _____
(ELECTRONIC, DIGITAL, OR HANDWRITTEN)