

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 _____
(ELECTRONIC, DIGITAL, OR HANDWRITTEN)