



**Village of Amityville  
Building Department**  
21 Ireland Place, Amityville, NY 11701  
Phone: (631) 691-1909 Fax: (631) 264-7656

**BULKHEAD AND DOCK PERMIT APPLICATION**

Provide one original and one copy of the following: completed application, sketch/drawing of project, survey of premises, D.E.C. permit and contractor's Compensation & Disabilities Insurance.

**NOTE:** Applicant is responsible for securing all other required permits/licenses associated with this project from any/all agencies requiring same; such as, but not limited to, the N.Y.S.D.E.C. and U.S. Army Corps of Engineers.

Location: \_\_\_\_\_ SCTM#101- - -

Owner: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Owner Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**TYPE and DESCRIPTION of work to be performed:**

- A. \_\_\_ New Bulkhead-total feet: \_\_\_\_\_
- B. \_\_\_ Reface Bulkhead-total feet: \_\_\_\_\_
- C. \_\_\_ Walkway adjacent to bulkhead-total feet \_\_\_\_\_
- D. \_\_\_ New Boat Slip Bulkhead-total feet \_\_\_\_\_
- E. \_\_\_ Boat Slip Bulkhead Reface Only-total feet \_\_\_\_\_
- F. \_\_\_ Mooring Poles Qty. \_\_\_\_\_
- G. \_\_\_ Mooring Pole Location off Bulkhead in feet \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

D.E.C. Permit No.: \_\_\_\_\_

\*\*\*\*\*

Sworn to me this \_\_\_\_\_ day \_\_\_\_\_ Notarize Signature: \_\_\_\_\_  
of \_\_\_\_\_ Name: \_\_\_\_\_

Notary Public

\*\*\*\*\*

Consent of owner if not Applicant: \_\_\_\_\_ Notarize Signature: \_\_\_\_\_  
Sworn to me this \_\_\_\_\_ day \_\_\_\_\_ Name: \_\_\_\_\_  
of \_\_\_\_\_

Notary Public

\*\*\*\*\*

Permit Issued \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_

Inspector \_\_\_\_\_ Date \_\_\_\_\_

Final Inspection: Inspector \_\_\_\_\_ Date \_\_\_\_\_



**Village of Amityville**  
Building Department  
21 Ireland Place, Amityville, NY 11701  
Phone: (631) 691-1909 Fax: (631) 264-7656

**THE FOLLOWING FORMS WILL BE ACCEPTED FOR  
WORKMAN'S COMPENSATION:**

**C-105.21, C-105.2, U-26.3, SI-12, GSI-12**

\*\*\*\*\*

**THE FOLLOWING FORMS WILL BE ACCEPTED FOR  
DISABILITY:**

**C-105.21, DB-120.1, DB-155**

\*\*\*\*\*

**NO ACCORD FORMS WILL BE ACCEPTED**