

INCORPORATED VILLAGE OF WEST HAMPTON DUNES
P.O. Box 728
WEST HAMPTON BEACH, NY 11978
(631) 288-6571

BUILDING DEPARTMENT

ROAD OPENING
PERMIT APPLICATION

Application is hereby made for:

PERMIT # _____

NAME OF COMPANY _____
ADDRESS _____
PHONE NUMBER _____

NAME OF APPLICANT/REPRESENTATIVE _____

PURPOSE FOR PERMIT _____

DATE OF WORK TO COMMENCE _____ END _____

LOCATION (please give nearest lot number and any cross street) _____

BOND (\$500.00) _____

(Upon the inspection and approval of the Building Inspector, the bond is fully refunded)

APPLICANT SIGNATURE _____

AUTHORIZING SIGNATURE _____ DATE _____

VILLAGE OF WEST HAMPTON DUNES

PERMIT # _____

Please be advised that The Incorporated Village of West Hampton Dunes has authorized _____ to commence work

Beginning: _____

Ending: _____

AUTHORIZING AGENT _____ DATE _____

PLEASE RETAIN BOTTOM PORTION FOR PERMIT VERIFICATION
