



OFFICE USE ONLY	
Date Application Received:	
Permit Number:	Fee: \$350.00
Payment Info:	

DEPARTMENT OF BUILDINGS

376 ATLANTIC AVENUE • PO Box 189 • EAST ROCKAWAY NY 11518
Tel: (516) 887-6310 • Fax: (516) 887-6311 • buildings@villageofeastrockaway.org
www.villageofeastrockaway.org • buildings@villageofeastrockaway.org

EXCAVATION PERMIT APPLICATION

OWNERS NAME: _____ TEL#/EMAIL: _____

OWNER ADDRESS: _____

ADDRESS OF WORK PROPOSED: _____

ZONE: _____ VILLAGE SECTION: _____ VILLAGE BLOCK: _____ VILLAGE LOT(S): _____

CONTRACTOR: _____

CONTRACTOR'S ADDRESS: _____

DESCRIPTION OF WORK PROPOSED: _____

IMPORTANT: As per New York State law, you must call 811 at least two business days but no more than ten business days before excavation begins.

Applicant's Signature: _____

Date: _____

