



Village of Rockville Centre

SLIP PERMIT APPLICATION FORM

(FOR USE WITH FENCES, SHEDS, AWNINGS, OUTDOOR DINING, GROUND LEVEL PATIOS, LEVEL I PLUMBING PERMITS & PODS)

DATE: _____

JOB LOCATION: _____

OWNER OF PREMISES: _____

PHONE NUMBER OF OWNER: _____

ADDRESS OF OWNER

(Only if not same as above): _____

CONTRACTOR NAME: _____

CONTRACTOR TEL # _____

CONTRACTOR ADDRESS: _____

DESCRIPTION OF WORK: _____

EST.COST OF CONST: _____

PRELIMINARY REVIEW: _____

(Clerk)

APPROVAL TO ISSUE: _____

(Superintendent of Buildings)