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COASTAL CONTRACTORS LICENSE

2020 PERMIT RENEWAL

To renew your Coastal Contractor License, please complete this form and return same to this office, along with annual renewal fee of **\$100.00** along with the required documents. If you wish to cancel this permit, please write cancel on this form, sign and return same to this office. **FAILURE TO RENEW THIS PERMIT BY DECEMBER 31, 2019 WILL RESULT IN AUTOMATIC CANCELLATION.**

Application is hereby made to the Town of Southold for permission for the applicant to engage in Coastal Contracting with in the Town of Southold as defined by Section 275-2 and in accordance with the Section 275-3(a) of the Wetlands and Shoreline Law of the Town.

Name of Applicant(s): _____
Address: _____
Telephone No. _____
Email: _____

The Applicant understands and acknowledges that they must be familiar with the Town Code as it relates to carrying out, engaging in, undertaking or holding oneself out to others as performing or available to perform coastal construction. The Applicant acknowledges and affirms by this application that they have obtained a copy of the Town Code, have read the pertinent sections of the Code (specifically Chapters 275 Wetlands and Shorelines and Chapter 111 Coastal Erosion Hazard Areas) and that they understand the requirements to engage in Coastal Contracting projects with in the Town of Southold.

Acknowledge the Above by Initialing Here _____

If the applicant is a corporation (or partnership), give the name and title of the responsible officer:

Name: _____ Title: _____
Address:(if different) _____

Telephone No.: _____

Workers Compensation Insurance Carrier: _____

Carrier Address: _____

Policy #: _____

Attached Proof of Coverage to Application

Liability Insurance Carrier: _____

Carrier Address: _____

Policy #: _____

Attached Proof of Coverage to Application

Suffolk County Home Improvement License # (where applicable):

Attach Proof to Application

Name of Agent authorized to represent the applicant:

Name: _____ Title: _____

Name of Firm: _____

Address: _____

Telephone No.: _____

All communications with regard to this application shall be addressed to the following person until further notice:

Name: _____ Title: _____

Address: _____

Telephone No.: _____

I hereby depose and certify that all of the above statements of information, and all statements and information contained in the supporting documents attached hereto are true and correct.

Dated: _____

APPLICANT'S SIGNATURE

Sworn before me this _____
day of _____, 20 ____.

NOTARY PUBLIC

If you have any questions with regard to filling out this form and/or the necessary documentation you must contact the Trustees office. NOT FOR LEGAL ADVICE

Application Fee: \$100.00

Received:

Check No.: