

INC. VILLAGE OF RUSSELL GARDENS
6 TAIN DRIVE GREAT NECK, NY 11021
(516) 482-8246/ FAX: (516) 482-8259

MISCELLANEOUS

Date: _____

**APPLICATION IS HEREBY MADE TO THE VILLAGE OF RUSSELL GARDENS FOR
A PERMIT, UPON APPROVAL OF THE DETAILED STATEMENT.**

Name: _____

Address: _____

Phone: _____ Signature of Owner: _____

Specifications or description of work: _____

Estimated Cost: _____ Fee: _____

Contractor's Name & Address: _____

Phone: _____

On backside of application show location of work to be done

**Contractor must submit a copy of his Workmen's Compensation, Disability,
Liability Insurance Certificates and a copy of his license with this for a permit to be
issued**