

INC. VILLAGE OF OYSTER BAY COVE

#25B Route 25A

Oyster Bay, NY 11771

Tel (516) 922-1016

Fax (516) 922-1761

DINGHY PERMIT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

DESCRIPTION OF DINGHY: _____

This application is submitted with the understanding that if accepted by the Incorporated Village, the applicant will conform to all ordinances, rules and regulations applicable as prescribed by The Incorporated Village.

x _____
Signature of applicant

FEE: \$15.00

Permit No.	Fee Received	Date	Received By
	\$		