



**Town of Oyster Bay**  
Department of Planning and Development  
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Oyster Bay, New York 11771  
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ELIZABETH L. MACCARONE  
COMMISSIONER

TIMOTHY R. ZIKE  
DEPUTY COMMISSIONER

**DEMOLITION OR ABANDONMENT OF FUEL OIL TANKS AFFIDAVIT**

STATE OF NEW YORK)

)ss.: \_\_\_\_\_

COUNTY OF NASSAU)

(Print full Name & Title) (Property owner or Contractor)

JOB LOCATION: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

\_\_\_\_\_ BEING DULY SWORN, deposes and says that he/she is this day making application to the Department of Planning and Development of the Town of Oyster Bay for a permit for the:

Demolition/Abandonment of: \_\_\_\_\_

# of tank(s)

# gallon(s) Fuel Oil Tank(s): \_\_\_\_\_

# of gallons

I/We will provide the Department of Planning & Development the following approvals before a Certificate of Completion will be issued:

1.) Nassau County Department of Health Confirmation Number: \_\_\_\_\_  
(confirmation number to be provided to Inspector at time of Inspection.)

2.) Certificate of Disposal affidavit (if tank(s) removed). \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Stamp