CP-11249 (9/2018)

Department of Land Management Building and Zoning Division 116 HAMPTON ROAD SOUTHAMPTON, NY 11968

**Phone:** (631) 287-5700 **Fax:** (631) 287-5754

## TOWN OF SOUTHAMPTON

JAY SCHNEIDERMAN
TOWN SUPERVISOR

KYLE P. COLLINS, AICP
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA CHIEF BUILDING INSPECTOR

AKE SIGNATURE DAT	Έ
AKE SIGNATURE DAT	1

## COMMERCIAL BUILDING PERMIT APPLICATION CHECKLIST ADDITION(S) ONLY

WWW.SOUTHAMPTONTOWNNY.GOV

(No Renovation/Alteration/Demo)

Applications and forms must be filled out in their entirety. Incomplete applications will not be accepted.

\*\*Note: Please be advised additional documentation may be required by the Building Division\*\*

	PLICATIONS MUST BE SUBMITTED WITH THE FOLLOWING MATERIALS
	5 copies of survey prepared by a licensed surveyor, illustrating Proposed construction
	3 sets of plans prepared by a licensed professional illustrating compliance with NYS building and Fire
	<ul> <li>When in flood zone plans must indicate compliance with FEMA Flood Plain Ordinance</li> </ul>
	Building Permit Application (original)
	Plumbing Application: Plumber must have active License with Town of Southampton
	Electrical Permit: If electrical work is proposed. Electrician must have an active license with Suffolk County
	FILED SEPARATELY
	Completed NYS Uniform Fire Prevention & Building Code Form
	Planning Board approval (approved site plan with Planning Board resolution)
	3 copies of ComCheck
	1 copy of principal structure certificate of occupancy (can be obtained for a fee from the Building Division)
	Workman's compensation
_	Applicable Forms: C 105.2, U26.3, CE 200. <b>ACORD FORM NOT ACCEPTED</b>
	Completed Open Government Disclosure Form from owner and applicant
	Fee (based on cost estimate) **Note: Final Fees will be calculated at Front Desk at time of Submittal **
_	1 ce (bused on cost estimate) 1 tote. I mai I ces wit be eatendred at I roll Best at time of Submittal
ADDIT	IONAL DOCUMENTATION MAY BE REQUIRED AS IDENTIFIED BELOW
	Suffolk County Department of Health Services Approval
	Written cost estimate on contractor's letterhead: If finished basement and/or accessory structures are proposed
	· · · · · · · · · · · · · · · · · · ·
	Zoning Board of Appeals Approval: If proposed project required a variance <u>Coastal Erosion Hazard Permit</u> : if construction is south of Coastal Erosion line
	Fill Composition Certification Town Code §123.47-123.50
<b>T</b> 7	
	rification of Ownership or Authorization
	Original Signed & Notarized Owners Endorsement: if applicant is other than owner
	Copy of Deed: If property has been owned for less than a year
	Proof of Corporation, LLC, Trusts, Funds or Business Ownership (i.e.: Original Notarized Opinion Letter,

\*\*Note: Documents MUST list name of member(s) that are authorizing the submittal of this application \*\*

Operating Agreement or Minutes listing members)