



TOWN OF SOUTHAMPTON
CODE ENFORCEMENT
INVESTIGATIONS & ENFORCEMENT UNIT
116 Hampton Road, Southampton, NY 11968
Ph: 631-702-1700 Fx: 631-283-2694
www.southamptontownny.gov/codeenforcement

Ryan Murphy
Town Code Compliance and
Emergency Management Administrator

Ricardo Larios
Town Investigator

Michael Chih
Code Enforcement Officer

AFFORDABLE ACCESSORY APARTMENT
RENTAL PERMIT APPLICATION

As per Section 330-11.1, 330-11.2 and Section 270 of the Town Code
(renewable every two years)

Issued Rental Permit Number: _____ Expiration Date: _____ Today's Date: _____

Property Information:

Tax Map Number: 0900- SECTION _____ - BLOCK _____ - LOT _____ - _____

Owner Occupant of Dwelling:

_____ *Full Name* _____ *Date of Birth*

_____ *Street Address - include Mailing Address if different*

_____ *Town/Hamlet* _____ *Zip Code* _____ *Email address*

_____ *Telephone #* _____ *Daytime* _____ *Evening* _____ *Mobile*

The following documents MUST be provided with the completed application:

- Request to Extinguish Development Right form**
- Building Department Certificate of Compliance (CofC) or Certificate of Occupancy (CO)**
- Tenant Qualification Certification from the Housing Director**
- For renewals (*every two years*) provide a notarized Affidavit of Residency**
- Copy of the previously issued permit**
- Documentation or proof of a claimed exemption (*for relative*)**
- Floor Plans drawn to ¼ inch scale of the entire Accessory Structure showing the number of bedrooms, square footage of each bedroom and the location of all the Smoke and Carbon Monoxide detectors.**

The \$200 permit fee is waived for accessory apartments approved after January 1, 2019



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If necessary, attach additional pages to supply above information.

In the matter of the Application of _____
(Print Owners Name)

For the Issuance or Renewal of a Rental Permit pursuant to Chapter 270 of the Southampton Town Code, a safety inspection by a Code Enforcement Officer is required.

STATE OF NEW YORK)
COUNTY OF SUFFOLK) SS:

I, _____, being duly sworn, depose and say:

1. I am the owner of the premise located at _____
In the Hamlet of _____, more particularly shown as Suffolk County Tax Map
Number: 0900-____-____-____, and as such I am familiar with the buildings and structures located on the
subject premises.
2. A copy of the previously issued valid rental permit is attached hereto, if this is a renewal.
3. The above mentioned rental property, to the best of my knowledge, fully complies with all of the provisions of the
Code of the Town of Southampton and the New York State Uniform Fire Prevention and Building Code.
4. The structure has not been physically altered in any way, except in full conformance with a valid building permit.
5. I am not aware of the property being in violation of the Code of the Town of Southampton or the New York State
Uniform Fire Prevention and Building Code.
6. I make this affidavit knowing full well that the Town of Southampton Code Enforcement will rely upon the facts
as stated herein to issue a renewal of a rental permit pursuant to Chapter 270 of the Town of
Southampton Code; a safety inspection by a Code Enforcement Officer is required.
7. In the event of a change in tenancy occurring during a permit term, **I shall notify the Housing Department, in writing, and provide a copy of the new lease and the new tenant's contact information for purposes of income verification and compliance with the program.**

_____ *Date*

_____ *Original Property Owner Signature*

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

_____ *Original Notary Signature and Original Notary Seal*



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TENANT INFORMATION:

Tenant Occupant of the Dwelling:

Full Name *Phone Number*

Property Street Address (include Mailing Address if different)

Town/Hamlet *Zip Code* *Email address*

All Tenants Names (Include all Adults and Children Occupying the Dwelling, even if not listed on the Lease):

Name: _____ *Age:* _____

Term of the Lease: (Beginning Date/Ending Date):

Beginning Date: _____

Ending Date: _____

(The Housing Department MUST be notified in writing of any changes and the names of new tenants, including all children and adults occupying the dwelling and submit a copy of the new lease.)



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CODE ENFORCEMENT AFFIDAVIT OF RESIDENCY

In the matter of the Application of

Name of Homeowner

for a Permit for an Accessory Apartment pursuant to Article II-A of Chapter 330 (Zoning) of the Town Code.

STATE OF NEW YORK
COUNTY OF SUFFOLK) SS:

I, _____, being duly sworn, deposes and says:

*1. I am the owner of the premises located at _____
more particularly shown as Suffolk County Tax Map Number: 473689-_____-_____-_____-_____.*

2. I am familiar with the buildings and structures located on the subject premises as shown on the survey of _____, dated _____ (copy attached hereto), and acknowledge the use of the premises is for a single family dwelling only, and that a valid Certificate of Occupancy or Certificate of Compliance exists for said structures (copy attached hereto).

3. I presently reside in the subject single family dwelling and this dwelling is my domicile or principal place of abode. In support of this statement, I have attached two of the following items as a form of proof:
 Driver's License *Utility Bill* *Voter registration*

4. Upon receipt of a permit to add the accessory apartment to the subject single family dwelling, I will reside in the subject single family dwelling or in the accessory apartment, and the single family dwelling or accessory apartment will be my domicile or principal place of abode.

5. I make this affidavit knowing full well that the Town of Southampton Building and Zoning Division will rely upon the facts as stated herein to issue a permit for an Accessory Apartment pursuant to Article II-A of Chapter 330 (Zoning) of the Code of the Town of Southampton, as same was adopted by Local Law Number 34 of 1992 and as amended by Local Law Number 7 of 2002.

Original Owner Signature

Dated:
Sworn to before me this _____
Day of _____, 20_____.

Notary Signature and Notary Stamp

