

TOWN OF SOUTHAMPTON

Code Enforcement Investigations & Enforcement Unit

27 Ponquogue Avenue, Hampton Bays, NY 11946

Phone: 631-702-1700 Fax: 631-283-2694

www.southamptontownny.gov/codeenforcement



Ryan Murphy – Town Code Compliance and Emergency Management Administrator

ACCESSORY APARTMENT APPLICATION

As per Section [330-11.1](#), [330-11.2](#) and [Chapter 270](#) of the Town Code.

Application is renewable every two years.

Permit Information

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 (Day):	
Telephone (Evening):	
Telephone (Mobile):	

Fees (Check One) *(Check the box that applies. Fees are nonrefundable)*

Permit fee waived for income-eligible accessory apartments approved after January 1, 2019.

- Accessory Apartment Renewal Fee \$250
- Accessory Apartment Income Eligible Permit Application Fee is waived (No Fee Required)

The following documents MUST be provided with the completed application:

- Building Department Certificate of Compliance (CC) or Certificate of Occupancy (CO) Current Survey
- 2 Proofs of Residency required: Driver's license AND Current Utility Bill OR Voter Registration
- Floor Plans 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.
- Housing Department Affordable Accessory Apartment Tenant Qualification Certification Form and Lease Waiver Request Form
- Land Management Department Final Development Right Extinguishment Form

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ACCESSORY APARTMENT APPLICATION

In the matter of the Application of: _____

For the Issuance of a Rental Permit pursuant to [Chapter 270](#) of the Southampton Town Code. A safety inspection by a Code Enforcement Officer is required.

Affidavit Statement

STATE OF NEW YORK)

COUNTY OF SUFFOLK) SS:

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

I am the owner of the premises located at _____, in the Hamlet of _____, shown as Suffolk County

Tax Map Number: 0900 – Section _____ – Block _____ – Lot _____ . _____ and as such I am familiar with the buildings and structures located on the subject premises.

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.

The structure has not been physically altered in any way, except in full conformance with a valid building permit.

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.

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.

Signature of Property Owner	
Date	

Notary Acknowledgment

Sworn before me this		day of		20	
Notary Signature & Stamp:					

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Corporation / LLC Attestation Form

Real Property Address	
Real Property Tax Map Number (0900 Section - Block - Lot)	
Entity Name	
Entity Type	
D.O.S. ID	
Entity Status	
County	
Initial D.O.S. Filing	
Next Statement Due Date	
Entity Address	
Relation to Entity	
Chief Executive Officer (Yes/No)	
Entity Owner (Yes/No)	
Percentage of Ownership	

Domestic and foreign business corporations and domestic and foreign limited liability companies are required to file a Biennial Statement every two years with the Department of State. Entities may update their status or amend their records with the Department of State at any time.

All information provided herein will be confirmed with the New York State Department of State. A copy of this form will be forwarded to the legal entity named herein. Any application containing information that does not match Department of State records will be denied. Any incomplete application will be rejected.

I, _____, D/O/B _____, residing at _____, represent that I am the person identified herein and have the legal ability to represent the legal entity named above.

I declare that, to the best of my knowledge and belief, the information provided herein is true, accurate, and complete. I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 201.45 of the New York State Penal Law.

Print Name:	Signature:
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Notary Acknowledgment

On the ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual or the person on behalf of which the individual acted, executed the instrument.

Notary Signature & Stamp:	
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CODE ENFORCEMENT TENANT INFORMATION

Tenant Occupant of the Dwelling:

Full Name:	
Phone Number:	
Property Street Address:	
Town/Hamlet/Zip:	
Email:	

All Occupants

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

Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	

Lease Term

Beginning Date:	
Ending Date	

Code Enforcement MUST be notified of any tenancy changes by submitting a Change of Tenants form.

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CODE ENFORCEMENT AFFIDAVIT OF RESIDENCY

Town of Southampton – Accessory Apartment Program

(Pursuant to [Article II-A](#) of [Chapter 330, Zoning Code](#) of the Town Code.)

STATE OF NEW YORK)

COUNTY OF SUFFOLK) SS:

Applicant Information

Name of Applicant: _____

This affidavit is submitted in connection with an application for a Permit for an Accessory Apartment pursuant to [Article II-A](#) of [Chapter 330, Zoning Code](#) of the Town Code.

Property Information

Address of Property: _____

Tax Map Number: 0900 – Section _____ – Block _____ – Lot _____ . _____

Affiant Statement

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

I am the owner of the premises listed above.

I presently reside at this single-family dwelling, and it is my domicile or principal place of abode.

I have attached two forms of proof of residency (check one):

- Driver’s License Current Utility Bill Voter Registration

Upon receipt of a permit, I will reside in (check one):

- Main Dwelling Accessory Apartment

I understand that any change in residency status requires notification to Code Enforcement.

Owner Certification

Signature of Property Owner		Date	
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Notary Acknowledgment

Sworn before me this		day of		20	
Notary Signature & Stamp:					

