



Town of Southampton

18 Jackson Avenue
Hampton Bays, NY 11946

DIVISION OF FIRE PREVENTION

Telephone 631 702-2919

Fax 631 728-3688

WWW.SOUTHAMPTONTOWNNY.GOV

RENEWAL APPLICATION FOR MANUFACTURED HOME COMMUNITY OPERATORS LICENSE

Name of mobile home park: _____

Location of mobile home park: _____

Park Phone: _____ Fax: _____ E-Mail: _____

Applicant's name, address and contact information: _____

Phone: _____ Cell: _____ E-Mail: _____

Property Owner's name, address and contact information: _____

Phone: _____ Cell: _____ E-Mail: _____

Park Manger's name, address and contact information: _____

Phone: _____ Cell: _____ E-Mail: _____

Number or years experience in operation of Manufactured Home Community _____

Applicant has _____ has not _____ been convicted of a felony, misdemeanor or the violation of any municipal ordinance, excluding traffic violations, and if so, the date, court, provision of law violated and sentence of the court.

INSTRUCTIONS

1. This application must be completed in full with the following:
2. Provide a site plan or survey map (if one is not presently on file) depicting the location of all structures, off street parking areas and driveways.
3. Please make check out to Town of Southampton in the amount of \$400.00 and mail it to 18 Jackson Avenue, Hampton Bays, NY 11946. Please be advised that there shall be a late fee of \$35.00 for any permit that is not renewed by March 1st, 2019.
4. Please attach a copy of the *latest* annual registration statement filed with the **State Commissioner of Housing and Community Renewal** pursuant to § 233 of the New York State Real Property Law. (Once you receive your new one please forward a copy to us).

APPLICATION IS HEREBY MADE to the Division of Fire Prevention for issuance of a Manufactured Home Community Operators License pursuant to the Southampton Town Zoning Ordinance, Chapter 220, and all amendments thereto. The Owner/Applicant agrees to comply with all applicable laws, ordinances and regulations governing the Manufactured Home Communities.

State of New York) ss:
 County of Suffolk)

_____ being duly sworn, deposes and says that he/she resides at _____ and that he/she is the owner in fee officer in the corporation which is the owner in fee/tenant described in the within application, and that he/she has authorized _____ to make the foregoing application for a permit as described herein.

Sworn this date of _____

False statements made herein are punishable as a class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

Submitted by: _____

**** THIS PAGE DOES NOT NEED TO BE NOTARIZED****