



TOWN OF SOUTHAMPTON
 116 Hampton Road
 Southampton NY 11968
 (631) 287-5700 Fax: (631) 287-5754
 www.southamptontownny.gov

Expedited Review

SCTM # 0900 _____ / _____ / _____
 Zoning _____ Subdivision Zoning _____
 C/O No _____
 Bedrooms below Grade: Proposed Existing
 Commercial Certificate of Compliance
 Fill Composition Certification
 New Application Work Done
 Renewal # _____ FEE \$: _____

Receipt # Date.....
 Bd. Appeals # Date.....
 Health Dept. # Date.....
 Flood Zone # Elev Req.
 SHT Plumbing Registration # _____
 SHT Contractor's License # _____
 _____ Stormwater Management Permit
 _____ Truss Type Construction

Fee (Based on Cost Estimate)
*Note: Fees will be calculated at time of Submittal***

APPLICATION FOR BUILDING PERMIT

FOR DEPARTMENT USE ONLY

Owner(s) of Property: _____
 Email: _____
 Phone #: _____
 Mailing Address _____
 Location of Property: _____

Contact Person:

Name: _____
 Email: _____ Phone #: _____

Mailing Address for Permit: _____

PERMIT TO BE MAILED TO: Contact Person Owner **(if box is not checked permit will be mailed to current owner)**

Description of Proposed Construction:

- Commercial Change of Tenancy Use **FEE \$50**
- Certificate of Commercial Compliance **FEE \$200**

AREA OF CONSTRUCTION:

Main	Accessory Building	Mezzanine
1st floor _____ sq. ft.	1st floor _____ sq. ft.	_____ sq. ft.
2nd floor _____ sq. ft.	2nd floor _____ sq. ft.	Finished Basement \$ _____ / _____ sq. ft.
Porch	Garage	Deck
1st floor _____ sq. ft.	1st floor _____ sq. ft.	1st floor _____ sq. ft.
2nd floor _____ sq. ft.	2nd floor _____ sq. ft.	2nd floor _____ sq. ft.
Plumbing	Demolition \$	Accessory Structure \$
Fixtures Count	Fence \$	Swim Pool \$
Alteration/	Spa/Hot Tub \$	Tennis/Sport Court:
Renovation/Repair \$	Elevator \$	Other:
Pool/Spa Heater \$		
Fireplace \$		

Fill Composition Certification REQUIRED)

APPLICATIONS IS HEREBY MADE to the Department of Land Management, Building and Zoning Division, for issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code, Southampton Town Zoning Ordinance, Chapter 330, and all amendments thereto, for the construction of buildings, additions or alterations, or for removal or demolition, or for any change of use as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

APPLICATION SUBMITTED BY: _____ Authorized Agent Owner
 PRINT NAME OF SIGNATURE BELOW

Check Box After Reading
False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

 Original Signature of Applicant

 Date

FOR DEPARTMENT USE ONLY: Permit to Read:
