

## TOWN OF SOUTHAMPTON

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

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



JANICE SCHERER  
 TOWN PLANNING AND  
 DEVELOPMENT ADMINISTRATOR

DENNIS O'ROURKE  
 CHIEF BUILDING INSPECTOR

JAY SCHNEIDERMAN  
 TOWN SUPERVISOR  
 WWW.SOUTHAMPTONTOWN.NY.GOV

## REQUEST FOR PRE-EXISTING CERTIFICATE OF OCCUPANCY

In order to obtain a Pre-existing Certificate of Occupancy for a building structure or use that existed prior to October 14, 1957, it is necessary to give the following information:

**Please Note: Applicant must call 631-702-1840  
 or go to <http://www.southamptontownny.gov/Building-Inspection>  
 to schedule a final inspection of the property before a Certificate would be issued**

1. An original survey accurately depicting all buildings and structures on the property (signed and sealed by surveyor).
2. Discards (available through a \$25.00 Property Search request).
3. Sworn affidavits before a Notary Public by persons familiar with the property documenting that specific continuous use(s), building(s) or structure(s) existed on the subject property prior to the enactment of zoning, which was October 14, 1957, to the present. **A minimum of (1) one Affidavit for Residential Property and a minimum of (2) two Affidavits for Commercial Property** (plan examiner will determine if additional affidavits are needed). Typical information submitted with affidavit(s) as proof of a pre-existing use are:

A. Copies of leases and other agreements documenting uses and structures at specific time periods.

B. Any other information which conclusively proves a continuous chain of pre-existing use.

**NOTE: Pre-existing certificate of occupancies is granted based on *conclusive* evidence of continuous use from prior to October 14, 1957 through the current date. Applicants unable to provide adequate documentation will be rejected. An appeal may be filed to the Board of Zoning Appeals as provided for in § 330-165.**

4. A Certificate of Occupancy request for a nonconforming commercial use or multiple commercial uses must be submitted **with a floor plan** drawn to ¼" scale which accurately depicts the layout and areas of use throughout the building.
5. Signed smoke alarm or Carbon Monoxide form (from Owner or authorized agent).
6. A correct street address that has been recently issued by the Town.
7. A correct Suffolk County Tax Map Number.
8. The attached cover sheet *must* be completed.
9. A check for **\$200.00** (two hundred dollars) made payable to the Town of Southampton.
10. If you are not listed as the owner, a deed or bill of sale for the property must be submitted.
11. Signed **Open Government Disclosure Form** from owner and authorized agent.

**When applicable:**

12. Proof of Corporation.
13. Original Signed & **Notarized Owners Endorsement:**

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**IMPORTANT MESSAGE REGARDING HOUSE NUMBERS**

Southampton Town Code, Chapter [123-10F](#) will require that all Town residents display house numbers. The law requires that you use only the number assigned by the Town. **NO OTHER NUMBER SHOULD BE DISPLAYED AND NO INSPECTIONS WILL BE DONE BY THE BUILDING DEPARTMENT AT PROPERTIES WITHOUT A HOUSE NUMBER.**

If you have a different number for postal delivery, please file a change of address with your post office immediately. If your tax bill does not list a street number, or if you have a question regarding the law or the number assigned to you, please call the Assessor's Office at 283-6000

The following is a description of the manner of display and the style and size of the required house numbers:

**A. Manner of Display.**

1. During construction period. The owner of a land parcel for which a building permit has been issued shall have the street address number displayed on a sign or a post located at the front of the property. In the case of a flag lot, at the street entrance of flag.
2. Existing and newly completed buildings. The owner of an existing building or newly completed building shall have the street address number displayed by permanently affixing or painting numerals, letters or script, stating the number, to the front of the building. Where the building is not close enough to the street, or is not readily visible from the street, the street address number shall be permanently affixed to a sign, post or mailbox located at the front of the parcel or lot where the building is situate.

**B. Style and Size of Numbers.**

1. The numerals, letters or script used to display the street address number of the building shall be painted on a plaque or the front of the building, or made of metal or other durable material. The numerals, letters or script shall be at least four (4) inches in height. All street address numbers shall be displayed as to be easily seen from the street by both pedestrians and drivers of vehicles.

The proper posting of your house number will assist the Building Division during the inspection process and ensure prompt and timely inspections.

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## PRE-EXISTING COVER SHEET

This cover sheet **MUST** be completed before a Pre-Existing Certificate of Occupancy application can be accepted.  
**NOTE:** All issued Pre-Existing Certificate of Occupancies will be mailed to the *homeowner* so be sure that a correct mailing address is listed.

Application Date \_\_\_\_\_ Application number \_\_\_\_\_

Property Address \_\_\_\_\_

SCTM# 473689-\_\_\_\_\_.\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_.\_\_\_\_\_

Present Owners Name \_\_\_\_\_

Present Owners Address \_\_\_\_\_

Present Owners **Email** Address \_\_\_\_\_

Present Owners Telephone Number \_\_\_\_\_

Corporate Officer/Partners Name (if applicable) \_\_\_\_\_

Corporate Officer/Partners Address (if applicable) \_\_\_\_\_

Agent Filing Application (if applicable) \_\_\_\_\_

Agents Address \_\_\_\_\_

Agents **Email** Address \_\_\_\_\_

Agents Telephone Number \_\_\_\_\_

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## SMOKE ALARM AND CARBON MONOXIDE

I, \_\_\_\_\_, being duly sworn, depose and say:

- 1) I am the \_\_\_\_\_ of the premises located at Suffolk County Tax Map Number 473689 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, which is improved by a single family dwelling.
- 2) That smoke detection alarm devices are installed as per Section 164-9 of the Southampton Town Code requiring multiple smoke detectors in one- or two-family residences which are located in each room used for sleeping purposes, on the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedroom and in each story within a dwelling including basements and cellars.
- 3) That carbon monoxide alarm devices are installed as per Section 378-5a of the Executive Law of New York State, which is one for every floor of living space in the structure.
- 4) That I make this affidavit pursuant to Section 1193.2 of the New York State Fire Prevention and Building Code.

**Read and Check Box**

*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

In the matter of the Application of  
(name of property owner) for a  
Pre-Existing Certificate of Occupancy

# **SAMPLE ONLY**

STATE OF NEW YORK)  
COUNTY OF SUFFOLK) SS:

I, (name of party signing affidavit), being duly sworn, deposes and says:

1. I reside at (address of party signing affidavit).
2. I am very familiar with the structures located on the (state north, south, east or west) side of (subject property address), New York, as shown on the survey of (name of surveyor) dated (date of survey) (copy annexed hereto). I have known said land and structures since (year you have knowledge of land & structures) and have had discussions with neighboring property owners and prior owners of the subject premises concerning the construction and use of these buildings. Other sources of my knowledge are as follows:

Deed of property dated (year of deed) sworn affidavit from (name of builder) stating that he helped construct the home in (year of construction).

3. All of the structures shown on said survey were fully completed before October 14, 1957, and have remained in their current state without expansion from said date, other than those under permit (permit number of any open building permits). Said structures have been continuously used as (specific use of structure – for example: one-family dwelling, commercial building, barn, etc.) since prior to October 14, 1957.
4. 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 pre-existing Certificate of Occupancy for said structures to (property owner) for use as (use of structure).

\_\_\_\_\_  
Original Signature

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Original Notary Signature and Original Notary Stamp

**FOR OFFICIAL USE ONLY**

**PRE-EXISTING C.O. WORK SHEET**

*Approved for Pre-Existing Certificate of Occupancy - DATE \_\_\_\_\_*

- Single Family Dwelling
- Two Family Dwelling
- \_\_\_\_\_ Family Dwelling
- Other Residential \_\_\_\_\_
- Commercial Building Used as \_\_\_\_\_
- Basement  One Story  Wood Frame  Deck(s) \_\_\_\_\_
- Cellar  Two Story  Concrete Block  Swimming Pool
- Crawl Space  \_\_\_\_\_ Story  Shed(s)
- Pilings  Tennis Court(s)
- Slab  Pool House
- Bedroom(s) Total \_\_\_\_\_  Gazebo
- Bedroom(s) in Basement \_\_\_\_\_  Garage (\_\_\_\_\_ Car)
- \_\_\_\_\_  1 Story  2 Story
- \_\_\_\_\_  Home Pro. Office. (\_\_\_\_\_)
- \_\_\_\_\_
- \_\_\_\_\_

1. Were you able to verify all uses of buildings by physical access or visually through windows?  Yes  No
2. Did you enter any of the Buildings?  Yes  No  
**IF YES,** which buildings did you enter  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Are there any obvious violations of subchapter F of the NYSFPABC?  Yes  No  
**IF YES,** list violations in inspection findings.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Are there any buildings or structures on the property that do not have certificate of occupancies/compliances?  Yes  No
5. Are there any buildings or structures that were not shown on the survey that are on the property?  Yes  No

**PROPERTY USE AND STRUCTURES EXISTING PRIOR TO 10/14/57**

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**OTHER STRUCTURES APPROVED BY THE FOLLOWING CERTIFICATES:**

<b>Certificate Number</b>	<b>Structure Type</b>

**PRE-EXISTING C.O. TO READ:**

**INSPECTORS STAMP**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSPECTORS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_