

**TRUSTEES OFFICE**116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

PHONE: 631 287-5717

FAX: 631 287-5723

**BOARD OF TRUSTEES**  
OF THE FREEHOLDERS AND COMMONALTY OF THE  
TOWN OF SOUTHAMPTON

**GENERAL PERMIT FEE SCHEDULE**

**FOR TRUSTEES PERMIT FOR NEW WORK, RECONSTRUCTION AND REPLACEMENT OF EXISTING STRUCTURES**

**ALL Fees Are Non-Refundable**

_____ Application Fee:	\$500.00
_____ Renewal Application Fee:	\$400.00
_____ Modification Application Fee:	\$400.00
_____ Modification AND Renewal Application Fee:	\$800.00

**FEES PAID AFTER PERMIT IS APPROVED BY THE TRUSTEES**

_____ <b>As-Built Fee</b> (if applicable): (IN ADDITION TO \$500 APPLICATION FEE)	\$500.00
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**NON-REFUNDABLE DIMENSIONAL FEES**

<b>PERMIT TYPE:</b>	<b>DIMENSIONAL FEE:</b>	<b>UNITS:</b>
Bulkheads	\$6.00	Per Linear Foot (includes reconstruction and re-facing)
Dredging/Spoil Site	\$15.00	For each cubic yard of material removed from Town bay bottom
Fixed Dock	\$5.00	Per Square Foot of surface area
Floating Dock	\$5.00	Per Square Foot of surface area
Jetty/Revetment/Rip Rap	\$6.00	Per Linear Foot (includes reconstruction and re-facing)
Piling	\$20.00	Per Piling (Includes post/piles securing a floating dock and tie-off poles)
Sand Fence	\$3.00	Per Linear Foot (includes reconstruction and re-facing)
Steps or Stairs	\$5.00	Per Square Foot of surface area
Walkway/Ramp/Catwalk	\$5.00	Per Square Foot of surface area
Biolog Stabilization Structure	NO DIMENSIONAL FEE	Per Linear Foot
Boat Lift or Hoist	NO DIMENSIONAL FEE	
Jet Ski Lift or Hoist	NO DIMENSIONAL FEE	
Circulating Pump (Aerator)	NO DIMENSIONAL FEE	
Dewatering Construction	NO DIMENSIONAL FEE	
Drainage Structures	NO DIMENSIONAL FEE	
Dune Restoration	NO DIMENSIONAL FEE	
Kayak Rack	NO DIMENSIONAL FEE	
Phragmites Removal	NO DIMENSIONAL FEE	
Refuse Removal	NO DIMENSIONAL FEE	
Replant/Revegetate	NO DIMENSIONAL FEE	
Sand/Gravel Replenishment	NO DIMENSIONAL FEE	
Underground Utilities ( <i>Electrical, Water, Cable, Telephone, Gas</i> )	NO DIMENSIONAL FEE	

**YOU ARE ADVISED THAT PERMITS MAY ALSO BE NECESSARY FROM THE FOLLOWING AGENCIES:**

NYS Department of Environmental Conservation  
www.dec.ny.gov  
Regional Permit Administrator  
SUNY at Stony Brook – 50 Circle Road  
Stony Brook, NY 11790  
Phone: 631-444-0365; Fax: 631-444-0360  
E-mail: [dep.rl@dec.ny.gov](mailto:dep.rl@dec.ny.gov)

US Army Corps of Engineers, New York District  
<http://www.usace.army.mil/>  
Jacob K. Javits Federal Building  
26 Federal Plaza, Room 1937  
New York, NY 10278-0090  
Attn: Regulatory Branch  
Phone: 917-790-8511

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**GENERAL PERMIT CHECKLIST**

**DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

*The Southampton Town Trustees office will **NOT** accept any incomplete applications.  
You **MUST** provide two (2) copies of the application and documents submitted with application.*

Please check the following to ensure your application is complete and acknowledge with signature below:

\_\_\_\_\_ **Application**

\_\_\_\_\_ **Notarized Agent Letter** (attached)

\_\_\_\_\_ **Notarized Authorization Form** (attached)

\_\_\_\_\_ **SEQRA Short Environmental Assessment Form** (attached)

\_\_\_\_\_ **Property Survey**

- \* Done by a New York State licensed surveyor, and updated **no more than one (1) year** prior to the application date. The survey submitted must bear the original seal of the licensed surveyor or engineer. Water depths **MUST** be on survey. Surveys must be no larger than 11" x 17".

\_\_\_\_\_ **Drawings/Plans**

- \* Must be drawn to scale with dimensions, separate or on survey. We will **NOT** accept hand-drawn drawings/plans – **MUST** be printed. Drawings/Plans must be no larger than 11" x 17".

\_\_\_\_\_ **Photographs**

- \* Photographs of the proposed work area. Photographs must be no larger than 11" x 17".

\_\_\_\_\_ **Copies of any covenants or restrictions on the property** (if applicable)

\_\_\_\_\_ **Proof of insurance - \$1,000,000 minimum liability (UNDERGROUND UTILITY APP. ONLY)**

- \* Licensee shall cause Licensor to be named an additional insured and as a certificate holder entitled to notice under such insurance policies. Licensor should be stated as follows:

*Southampton Town Trustees  
116 Hampton Road  
Southampton, NY 11968*

\_\_\_\_\_ **Notarized Indemnification and Hold Harmless (UNDERGROUND UTILITY APP. ONLY)**

\_\_\_\_\_ **An electrical permit from the Town of Southampton Building Department** (if applicable)

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE CHECK ONE:**

- New Application:** \$500.00
- Renewal Application:** \$400.00
  - o Renew Permit #: \_\_\_\_\_
- Modification Application:** \$400.00
  - o Modify Permit #: \_\_\_\_\_
- Modification AND Renewal Application:** \$800.00
  - o Modify & Renew Permit #: \_\_\_\_\_
- As-Built Permit Application:** \$500.00

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DATE RECEIVED \_\_\_\_\_

## GENERAL PERMIT APPLICATION COVER SHEET

**PROPERTY INFORMATION:**

Address of Proposed Project: \_\_\_\_\_

SCTM: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Waterbody of Project: \_\_\_\_\_

Previous Owner: \_\_\_\_\_ Gated Property? (If gated, call office to schedule access)  YES  NO

**AGENT/CONTACT PERSON INFORMATION: (  Check if same as owner )**

Agency: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_ Agent's E-mail: \_\_\_\_\_

**HOMEOWNER INFORMATION:**

Owner(s) of Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ Owner's E-mail: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Contractor Company: \_\_\_\_\_ Contractor's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_ Contractor's E-mail: \_\_\_\_\_

**CHARACTER, DIMENSIONS, AND DESCRIPTION OF WORK (MUST BE TYPED):**

**We do not accept any Surveys, Drawings, Plans and/or Photographs larger than 11" x 17".**

**BREAKDOWN OF PROPOSED CONSTRUCTION**

Piling _____ \$20.00 per piling	Circulating Pump (Aerator) _____
Fixed Dock _____ \$5.00 per square foot	Dewatering Construction _____
Floating Dock _____ \$5.00 per square foot	Drainage Structures _____
Steps or Stairs _____ \$5.00 per square foot	Dune Restoration _____
Walkway/Ramp/Catwalk _____ \$5.00 per square foot	Kayak Rack _____
Bulkheads _____ \$6.00 per linear foot	Phragmites Removal _____
Sand Fence _____ \$3.00 per linear	Refuse Removal _____
Dredging/Spoil Site _____ \$15.00 per cubic yard	Replant/Revegetate _____
Biolog Stabilization Structure _____	Sand/Gravel Replenishment _____
Boat Lift or Hoist _____	Underground Utilities _____
Jet Ski Lift or Hoist _____	Other _____

\_\_\_\_\_ (applicant print name) says that he/she is the  Owner  Authorized Agent of the premises described in within the applications, and states that the applicant is authorized to make this application. The undersigned has read the rules of The Board of Trustees and Freeholders & Commonality of the Town of Southampton, a copy of which is attached hereto, and is familiar with same and agrees to fully comply with all of the provisions thereof, and has signed herof as part of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**AGENT LETTER**

I, \_\_\_\_\_ being duly sworn, depose and say that I am  
the owner of the premises located at: \_\_\_\_\_  
\_\_\_\_\_  
and I am designating: \_\_\_\_\_  
to represent and act on my behalf as my agent, and to file the necessary documents to obtain  
a permit(s).

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Signature & Stamp

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**AUTHORIZATION FORM**

This form may not be signed by an agent of the property owner unless it is accompanied by a notarized document signed by the property owner authorizing the agent to sign and submit any and all forms, requests and applications related to the application(s) for subject premises.

Any authorization from the property owner as provided for herein shall remain in effect until final determination of the application(s), unless the Town is notified in writing by the property owner that such authorization has been revoked or amended. All authorizations from the property owner shall acknowledge this condition.

I, the owner, hereby authorize the Southampton Town Trustees and/or its agents, employees to enter the subject parcel in reference to an application to inspect the site and structures thereon. In addition, I authorize any future visits that would be in reference to the subject Trustees Application.

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

Name (type or print): \_\_\_\_\_

Signature: \_\_\_\_\_

**ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_ )

ss:

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Signature & Stamp

# *Short Environmental Assessment Form*

## *Part 1 - Project Information*

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<b>NO</b>	<b>YES</b>
			<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<b>NO</b>	<b>YES</b>
			<input type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations?	<b>NO</b>	<b>YES</b>	<b>N/A</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?          If Yes, explain purpose and size: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?          If Yes, describe: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?          If Yes, describe: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		