

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

PWC ON A FLOAT ATTACHED TO DOCK/BULKHEAD COVER SHEET

ALL FEES ARE NON-REFUNDABLE

If paying by check, please make check payable to: *Southampton Town Trustees*

APPLICATION TYPE:	LENGTH OF PERMIT ON CALENDAR YEAR:	NON- REFUNDABLE FEE:
Resident/Taxpayer	3 year permit on calendar year	\$300
Temporary Resident	1 year permit on calendar year	\$300
Permit Modification Fee	<i>Will not change expiration date on permit</i>	\$25

The PWC Float Permit Application Process is as follows:

- ✦ Submit Checklist, Application, Fee, Copy of bulkhead or dock permit, and ALL additional documents to the Town Trustees Office. *The Southampton Town Trustees Office will NOT accept any incomplete applications.*
- ✦ Once you RECEIVE your permit, the float is ready to be set in the water. The season for your PWC to occupy the float is April 1 – December 1.
- ✦ Trustee permit number and PWC registration number MUST be in clear view.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

Please check the following to ensure your application is complete and acknowledge with signature below. ***SEE NEXT PAGE FOR DESCRIPTIONS OF BELOW INFORMATION.***

- _____ Application
- _____ Non-Refundable Application Fee
- _____ Proof of valid vessel insurance
- _____ Proof of Residency (provide ONE of the following residency requirements)
- _____ Current Vessel Registration (Required for both powered/non- powered vessels)
- _____ Copy of bulkhead *or* dock permit
- _____ Drawing indicating where the PWC is to be attached
- _____ Indemnification and Hold Harmless
- _____ Notarized Agent Letter (ONLY IF AGENT IS BEING USED)
- _____ Authorization Form
- _____ Color Photograph of Vessel
- _____ Copy of Lease/Rent Papers (TEMPORARY RESIDENTS ONLY)
- _____ Letter of Permission (TEMPORARY RESIDENTS ONLY)

Applicant Signature: _____

Date: _____

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

Description of Additional Documents Required

The Southampton Town Trustees office will NOT accept any incomplete applications.

- 1. Application**
- 2. Non-Refundable Application Fee**
- 3. Proof of valid vessel insurance with declarations page showing amount of coverage and fuel spill coverage**
 - a.* Licensee agrees to maintain in full force and effect during the Term and thereafter so long as Licensee is in occupancy of any part of the Premises, with a reputable insurance company qualified to do business in the State (a) customary “all risk” hull insurance to insure the full declared value of the Vessel and related equipment from damage or theft for the full insurable amount thereof, such insurance to include wreck removal coverage, and (b) public liability insurance of not less than \$500,000 per occurrence or in the aggregate.
 - b.* 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
- 4. Proof of Residency (provide ONE of the following residency requirements)**
 - a.* Driver’s license with a Town of Southampton Street Address
 - b.* A current tax bill with the applicant’s name listed in the owner’s box
 - i.* If the tax bill is in a corporation or LLC, please supply Articles of Incorporation or LLC documentation
 - ii.* If the tax bill is in your spouse’s name, please include a copy of your marriage certificate
 - c.* Three (3) utility bills service to a street address in the township
 - i.* One current, one from six months ago, and one from a year ago
- 5. Current Vessel Registration (Required for both powered/non powered vessels)**
 - a.* Name on the vessel registration must match proof of residency, insurance and indemnification and hold harmless
- 6. Copy of bulkhead or dock permit**
- 7. Drawing indicating where the PWC is to be attached**
- 8. Indemnification and Hold Harmless**
 - a.* Must be notarized
 - b.* Please put your primary residence address
- 9. Notarized Agent Letter (ONLY IF AGENT IS BEING USED)**
 - a.* Must be notarized
- 10. Authorization Form**
 - a.* Must be notarized
- 11. Color Photograph of Vessel**
- 12. Copy of Lease/Rent Papers (TEMPORARY RESIDENTS ONLY)**
- 13. Letter of Permission (TEMPORARY RESIDENTS ONLY)**
 - a.* This should be from the property owner giving the applicant permission for the PWC to be attached to the permitted structure, and acknowledge responsibility for its removal at the close of the season.

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

APPLICATION FOR PWC ON A FLOAT ATTACHED TO DOCK/BULKHEAD

If paying by check, please make check payable to: *Southampton Town Trustees*

Type of Permit (Please select one):

- RESIDENT/TAXPAYER PERMIT: (3 Years)
- TEMPORARY RESIDENT PERMIT: (1 Year)
- PERMIT MODIFICATION

- Non-Refundable Fee: \$300
- Non-Refundable Fee: \$300
- Non-Refundable Fee: \$25

APPLICANT INFORMATION:

Name (Print): _____

Phone #: _____ E-mail: _____

Street Address: _____

Mailing Address (if different from above): _____

AGENT'S INFORMATION: (Check if same as above)

Agency: _____ Agent: _____

Street Address: _____

Mailing Address (if different from above): _____

Agent's Phone #: _____ Agent's E-mail: _____

STRUCTURE INFORMATION:

Attached to a personal dock, permit # _____ Attached to a personal bulkhead, permit # _____

VESSEL INFORMATION: (LIMIT OF ONE PWC PER FLOAT)

Water Body: _____ Hamlet Location: _____

Make: _____ Model: _____ Name: _____

Length: _____ Height (AT WATERLINE): _____ Year: _____

Registration #: _____ Hull ID #: _____

The undersigned has read the Rules & Regulations of the Board of Trustees regarding Personal Watercraft Float/Lift/Hoists and is familiar with the same and agrees to fully comply with all the provisions thereof, and has signed the front hereof as part of this application.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

____ Approve ____ Deny Town Trustee Signature: _____ Date: _____

COMMENTS: _____

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

INDEMNIFICATION AND HOLD HARMLESS FOR PWC FLOAT ATTACHED TO DOCK/BULKHEAD

I, _____, residing at:

hereby shall release, indemnify, defend and hold harmless the Board of Trustees of the Freeholders and Commonalty of the Town of Southampton, its officers, employees, contractors, agents and representatives from and against any and all demands, liabilities, losses, damages, expenses (including reasonable attorney's fees) and judgments for any personal injuries, death, or property damage directly relating to or arising from the installation and/or use of the float/lift/hoist permitted under this application.

Signature

STATE OF NEW YORK)

) ss.:

COUNTY OF SUFFOLK)

On the _____ day of _____ 20____, before me the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to the within 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 their behalf of which the individual(s) acted executed the instrument.

NOTARY PUBLIC

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

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

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

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