



TOWN OF SOUTHAMPTON
CODE ENFORCEMENT
INVESTIGATIONS & ENFORCEMENT UNIT
27 Ponquogue Avenue, Hampton Bays, NY 11946
Phone: 631-702-1700 Fax: 631-283-2694
www.southamptontownny.gov/codeenforcement

Ryan Murphy
Town Code Compliance and
Emergency Management Administrator



ACCESSORY APARTMENT RENEWAL
APPLICATION

As per Section 330-11.1, 330-11.2 and Section 270 of the Town Code
(Application is renewable every two years)

Issued Rental Permit Number: _____ Expiration Date: _____ Today's Date: _____

Property Information:

Tax Map Number: 0900- SECTION _____ - BLOCK _____ - LOT _____ . _____

Owner Occupant of Dwelling:

Full Name *Date of Birth*

Street Address - include Mailing Address if different

Town/Hamlet *Zip Code* *Email address*

Telephone # *Daytime* *Evening* *Mobile*

Fees: *(Check the box that applies. Fees are nonrefundable)*

- Accessory Apartment Renewal Fee \$200
- Income Eligible Fee Waived Renewal *(No payment required with application if applicable)*

The following documents MUST be provided with the completed application:

- Building Department Certificate of Compliance (CC) or Certificate of Occupancy (CO) AND Current Survey
- Copy of previously issued Rental Permit
- 2 Proofs of Residency: Driver's license AND Current Utility Bill OR Voter Registration
- Floor Plans of the entire Accessory Structure showing the number of bedrooms, square footage of each bedroom and the location of all the Smoke and Carbon Monoxide detectors.

The permit fee is waived for income eligible accessory apartments approved after January 1, 2019



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In the matter of the Application of _____
(Print Owners Name)

For the Issuance or Renewal of a Rental Permit pursuant to Chapter 270 of the Southampton Town Code, a safety inspection by a Code Enforcement Officer is required.

STATE OF NEW YORK)
COUNTY OF SUFFOLK) SS:

I, _____, being duly sworn, depose and say:

1. I am the owner of the premise located at _____
In the Hamlet of _____, more particularly shown as Suffolk County Tax Map
Number: 0900-____-____-____.____, and as such I am familiar with the buildings and structures located on
the subject premises.
2. A copy of the previously issued valid rental permit is attached hereto, if this is a renewal.
3. The above mentioned rental property, to the best of my knowledge, fully complies with all of the provisions of
the Code of the Town of Southampton and the New York State Uniform Fire Prevention and Building Code.
4. The structure has not been physically altered in any way, except in full conformance with a valid building permit.
5. I am not aware of the property being in violation of the Code of the Town of Southampton or the New York State
Uniform Fire Prevention and Building Code.
6. I make this affidavit knowing full well that the Town of Southampton Code Enforcement will rely upon the facts
as stated herein to issue a renewal of a rental permit pursuant to Chapter 270 of the Town of
Southampton Code; a safety inspection by a Code Enforcement Officer is required.

Owner's Original Signature _____

Sworn to before me this _____ Day of _____, 20_____

Notary Public Original Signature and Notary Public Original Stamp



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ACCESSORY APARTMENT RENEWAL
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TENANT INFORMATION:

Tenant Occupant of the Dwelling:

Full Name _____ *Phone Number* _____

Property Street Address (include Mailing Address if different) _____

Town/Hamlet _____ *Zip Code* _____ *Email address* _____

All Tenants Names (Include all Adults and Children Occupying the Dwelling, even if not listed on the Lease):

Name: _____ *Age:* _____

Name: _____ *Age:* _____

Name: _____ *Age:* _____

Name: _____ *Age:* _____

Name: _____ *Age:* _____

Name: _____ *Age:* _____

Name: _____ *Age:* _____

Name: _____ *Age:* _____

Term of the Lease: (Beginning Date/Ending Date):

Beginning Date: _____

Ending Date: _____

(Code Enforcement MUST be notified of any tenancy changes by submitting a change of tenants form listing the names of new tenants, including all children and adults occupying the dwelling.)



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CODE ENFORCEMENT AFFIDAVIT OF RESIDENCY

In the matter of the Application of

Name of Homeowner

for a Permit for an Accessory Apartment pursuant to Article II-A of Chapter 330 (Zoning) of the Town Code.

STATE OF NEW YORK)
COUNTY OF SUFFOLK) SS:

I, _____, being duly sworn, deposes and says:

*1. I am the owner of the premises located at _____
more particularly shown as Suffolk County Tax Map Number: 900-_____-_____-_____.*

*2. I am familiar with the buildings and structures located on the subject premises as shown on the
survey of _____, dated _____ (copy attached hereto), and acknowledge the use of the
premises is for a single family dwelling only, and that a valid Certificate of Occupancy or Certificate of
Compliance exists for said structures (copy attached hereto).*

*3. I presently reside in the subject single family dwelling and this dwelling is my domicile or principal
place of abode. In support of this statement, I have attached the following two items as a form of proof:*
 Driver's License and *Current Utility Bill* or *Voter Registration*

*4. Upon receipt of a permit to add the accessory apartment to the subject single family dwelling, I will
reside in the (check one): Main Dwelling Accessory Apartment _____, and rent the other. I will
notify Town of Southampton Code Enforcement if this changes.*

*5. 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 permit for an Accessory Apartment pursuant to Article II-A
of Chapter 330 (Zoning) of the Code of the Town of Southampton, as same was adopted by Local Law Number
34 of 1992 and as amended by Local Law Number 7 of 2002.*

Original Owner Signature

Dated:
Sworn to before me this _____
Day of _____, 20____.

Notary Signature and Notary Stamp

