



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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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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Floor Plan of apartment – include locations of smoke and carbon monoxide detectors



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Ryan Murphy
Town Code Compliance &
Emergency Management Director

Martin Culloton
Town Investigator

Bryan Rondi
Code Enforcement Officer

Credit Card Authorization Form

I (we) hereby authorize Southampton Town Code Enforcement, a one-time charge against my credit card for the following amount \$_____.

Card Holder's Information

Name: _____

Company Name (if applicable): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Credit Card Information

Credit Card Type: Master Card Visa Amex Discover Other

Credit Card Number: _____

Expiration Date: Month: _____ Year: _____ CVV Code: _____

Authorized Signature: _____ **Date:** _____