



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

Ryan Murphy
 Town Code Compliance and
 Emergency Management Administrator



Bulk Rental Permit Application Instructions

(Application is renewable every two years)

Any single owner, or person, managing agent, or designee who operates multiple dwelling units within a single property or structure may apply for rental permits and pay a biennial fee in accordance with the schedule below. A single application and single permit representative of all dwelling units on the property would be filed and issued in this process.

- (1) 4 to 10 Units \$200 per Unit
- (2) 11 to 25 Units \$2,500 Total Fee
- (3) 26 to 50 Units \$3,500 Total Fee
- (4) 51 to 100 Units \$5,000 Total Fee
- (5) 101 to 200 Units \$6,500 Total Fee
- (6) Over 200 Units \$8,000 Total Fee

****As always, the Town of Southampton reserves the right to conduct an inspection if necessary to satisfy any questions or concerns that may exist.**

The following items are required when submitting the bulk permit application:

- Certificates of Occupancy and Compliance
- Copy of the most recent survey.
- Floor plans for each dwelling unit (must clearly indicate unit number) indicating all fire protection equipment.
- Floor plans for any common areas and common HVAC equipment.
- Site layout required.
- Notarized affidavit.
- Inspection results for all, or agreed upon representative sample of, dwelling units if electing to utilize a third party inspection service in accordance with § 270-5B(10) of the Southampton Town Code.
- Designation of a *local* agent for service within the Town of Southampton.
- Documentation or proof for any claimed exemption.

Fees: (Pay ONE of the following. Application fees are nonrefundable)

- 4 to 10 Units \$200 per unit. **Unit Quantity** _____ X \$200 = _____ **total fee.**
- 11 to 25 Units. Total fee of \$2,500.00.
- 26 to 50 Units. Total fee of \$3,500.00.
- 51 to 100 Units. Total fee of \$5,000.00.
- 101 to 200 Units. Total fee of \$6,500.00.
- Over 200 Units. Total fee of \$8,000.00.



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BULK RENTAL PERMIT APPLICATION

(Check List for Rental Permits)

- Smoke detectors in every bedroom and a smoke detector in the common area (hallway, living room, etc.) of each floor.
- Carbon monoxide detectors required on each habitable floor within 15 feet of bedrooms (large houses may require more than one per floor)
- G.F.I. outlets required around water sources (i.e. kitchen sink, bathrooms, laundry rooms)
- No open electrical outlets, exposed wiring, spliced visible wires, open junction boxes, etc. that pose an electrical shock and/ or fire hazard.
- The electrical panel cannot be obstructed or covered and the breakers must be labeled. No missing fuses/ breakers allowed within the electrical panel.
- The pressure relief valve for the hot water heater/ boiler must be no more than 6" from the floor – piping must be pointed downward in case of release.
- The occupancy for a residence is determined by square footage of bedrooms as per the NY State Property Maintenance Code (100 sq. ft. = 2 occupants, 150 sq. ft. = 3 occupants, etc.)
- All finished basement space must be permitted by the building department
- Every bedroom must have an emergency egress window measuring 5.7 sq. ft. in total
- Bedrooms below grade (i.e. basement) must have an egress window along with a code complaint emergency escape well.
- Any doors on the residence leading directly to the swimming pool must have an audible pool alarm.
- Pool gates must be self-closing and self-latching with the gate opening away from the swimming pool.
- Pool enclosures must be 4 feet (48 inches) tall with a gap of less than 2 inches between the enclosure and the ground.
- Temporary pool enclosures are not allowed except during construction of said pool (i.e. "Florida barriers" are non-compliant). The pool enclosure must be permanent and cannot be climbable (standard chain link fencing is not permitted to serve as a pool enclosure).
- All debris must be stored out of view/ in an acceptable container (i.e. construction equipment, lawn care, painting equipment, tools, etc. kept in the garage or shed)
- Lawn and shrubbery must be maintained in an acceptable manner (under 10 inches in height for the lawn)
- The number of allowable vehicles in total is no more than 4.



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BULK RENTAL PERMIT APPLICATION

Property Information:

Today's Date: _____

Rental Property Address: _____

Units _____

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

Owner Information:

Property Owner Name: _____ Date of Birth: _____

Property Owner Physical Address:
 (Cannot be the same as Rental Property Address)

Property Owner Mailing Address:

Telephone Number (s): Daytime _____ Evening _____ Emergency _____

Property Owner Email Address _____

❖ **If the rental dwelling units intended for rental occupancy is owned by a corporation, partnership, limited liability company, trust or other business entity, the name, address, telephone number of each owner, office, principal, shareholder, partner, and/or member of such business entity MUST be set forth below:**

Name: _____

Legal Address (No P.O. Boxes): _____

Mailing Address: _____

Title or position held with said Corporation, Partnership, and Limited Liability Company, Trust or business entity:

Telephone Number (s): Daytime _____ Evening _____ Emergency _____

If necessary, attach additional pages to supply above information.



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Corporation/LLC Attestation Form

(Fill out ONLY if property is owned by a Corp/LLC)

Rental Property Address: _____ Units: _____

Rental Property Tax Map Number: 0900 Section _____ - Block _____ - Lot _____ . _____

Entity Name: _____	Next Statement Due Date: _____
Entity Type: _____	Entity Address: _____
D.O.S. ID: _____	Relation to Entity: _____
Entity Status: _____	
County: _____	Chief Executive Officer: Yes No
Initial D.O.S. Filing: _____	Entity Owner: Yes No
	Percentage of Ownership: _____

Domestic/foreign business corporations and domestic and foreign limited liability companies are required to file a Biennial Statement every two years with the Department of State, and entities may update their status or amend their records with the Department of State at any time.

All information provided herein will be confirmed with the New York State Department of State, and a copy of this form will be forwarded to the legal entity named herein. Any application containing information that does not match New York State Department of State records will be denied. Any incomplete application will be rejected.

I, _____, D/O/B _____, residing at _____, represent that I am the person identified herein, and have the legal ability to represent the legal entity named herein.

I declare that, to the best of my knowledge and belief, the information provided herein is true, accurate and complete and understand that false statements made therein are punishable as a Class A misdemeanor punishable pursuant to section 201.45 of the Penal Law.

 (Print)

 (Signature)

On the ____ day of _____, in the year 202_, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

 Notary Public Original Signature and Stamp



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BULK RENTAL PERMIT APPLICATION

Managing Agent Information: (Agent's information)

Name of Managing Agent of dwelling unit, if any: _____

Address of Managing Agent (no P.O. Boxes): _____

Mailing Address of Managing Agent: _____

Telephone Number- Daytime: _____ Evening: _____ Emergency: _____

Email address: _____

Tenant Information:

Primary Tenant Names (For Each Unit Being Applied For)

Name: _____ Age: _____ Unit: _____

Name: _____ Age: _____ Unit: _____

Name: _____ Age: _____ Unit: _____

Name: _____ Age: _____ Unit: _____

Name: _____ Age: _____ Unit: _____

Name: _____ Age: _____ Unit: _____

Name: _____ Age: _____ Unit: _____

Name: _____ Age: _____ Unit: _____

(Any changes in Tenants please notify Code Enforcement Department at 631-702-1700 with the names of the new tenants, including all children and adults occupying the dwelling unit) If necessary attach additional pages to supply above information.



Town of Southampton
 27 Ponquogue Avenue
 Hampton Bays, NY 11946
Public Safety and Emergency Management
 Telephone 631 702-1700
 Fax 631 283-2694

Maria Z. Moore
Supervisor

Ryan Murphy
 Town Code Compliance &
 Emergency Management Administrator

BULK RENTAL PERMIT APPLICATION

Rental Property Certification

*Form completed by a licensed architect, engineer or home inspector **ONLY** if selecting to file a certified application.
 Professional seal required.*

Property Address: _____ **Unit:** _____ **Owner:** _____

<p>Bedroom # Found:</p> <p>P - F Smoke detector present & functional</p> <p>P - F Overcrowding conditions</p> <p>P - F Unobstructed egress</p> <p>P - F CO detector present within 15' of bedrooms & functional</p>	<p>Bathroom # Found:</p> <p>P - F - N/A GFCI outlet(s) present & functional</p> <p>P - F - N/A Exhaust fan / operable window</p> <p>P - F Sanitation concerns</p>
<p>Kitchen/Common Spaces</p> <p>P - F - N/A GFCI outlet(s) present & functional</p> <p>P - F - N/A Smoke detector(s) present & functional</p> <p>P - F - N/A CO detector(s) present & functional</p> <p>P - F - N/A Unobstructed egress</p> <p>P - F - N/A Interior Sanitary Concerns</p>	<p>Pool/Exterior - <input type="checkbox"/> *POOL NOT APPLICABLE*</p> <p>P - F Pool enclosure meets code standards</p> <p>P - F - N/A Pool alarms meet code standards</p> <p>P - F - N/A Property hazards/sanitation concerns</p> <p>P - F - N/A Accessory structures code compliant</p> <p>P - F - N/A Exterior of structure(s) in good repair</p>
<p>Basement/Crawl Space <input type="checkbox"/> *NOT APPLICABLE*</p> <p>Y - N Finished basement</p> <p>P - F - N/A Proper egress in finished basement</p> <p>P - F Smoke detector(s) present & functional</p> <p>P - F CO detector(s) present & functional</p> <p>P - F Structural / sanitation concerns</p>	<p>Garage <input type="checkbox"/> *NOT APPLICABLE*</p> <p>Y - N Attached garage</p> <p>P - F - N/A Fire rated door/sheetrock between garage and dwelling unit</p> <p>P - F - N/A Heat detector(s) present & functional</p> <p>P - F Structural / sanitation concerns</p>
<p>Utilities/Heating Equipment:</p> <p>P - F Hot water heater code compliant</p> <p>P - F Electrical panel code compliant</p> <p>P - F - N/A Combustibles >3ft from utilities</p> <p>P - F Electrical hazards</p> <p>P - F Plumbing system hazards</p> <p>P - F - N/A Washer/Dryer GFCI/220 Volt outlet</p> <p>P - F Fire Extinguisher present and "good."</p>	<p>Other Concerns</p> <p>P - F All structures properly permitted</p> <p>P - F Conformance to C.O./C.C.</p> <p>P - F - N/A Fuel gas appliances/systems shut off valve(s)</p> <p>P - F - N/A Handrails/guards provided</p> <p>P - F Property numerical visible from street</p> <p>P - F Driveway access unobstructed</p> <p>P - F - N/A Window fall protection</p>

MUST
ALSO
BE
COMPLETED
BY
CERTIFYING
PROFESSIONAL

Number & Square footage of each bedroom as depicted in the attached floor plan: (i.e. Bedroom #1- 100 sq. ft., Bedroom #2- 90 sq. ft., etc.)

I certify that I have done a physical inspection of the subject rental property and find that this property fully complies with all of the provisions of the Code of the Town of Southampton, the Residential Code of New York State, the Building Code of New York State, the Plumbing Code of New York State, the Fuel Gas Code of New York State, and the Energy Conservation Construction Code of New York State.

 Print Name and Title

Please place professional seal:

 Original Signature

 Date

KEY: P = PASS F = FAIL N/A = NOT APPLICABLE Y = YES N = NO



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BULK RENTAL PERMIT APPLICATION
Designation of Agent for Service

_____, residing at No. _____ Street, City
of _____ State of _____,
[or _____, a partnership, its principal office
located at _____,][or _____ a
corporation duly organized pursuant to the laws of the State of _____, with
a business office located at _____,] does hereby designate the Town Clerk
of the Town of Southampton with an office at No. 116 Hampton Road, Town of Southampton, County of
Suffolk, State of New York, as his [or her or its] agent for service pursuant to CPLR 318.

Dated: _____, 20_____.

Property Owner Original Signature

ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF SUFFOLK): ss.:

On the _____ day of _____, in the year 20 _____, before me, the undersigned personally
appeared _____, personally known to be or proved to me on the basis of
satisfactory evidence to be the individuals whose names are subscribed to the within instrument and
acknowledged to me that they executed the same in their capacities, and that by their signatures on the
instrument, the individuals or the person upon behalf of which the individuals acted, executed the
instrument.

Original Notary
Signature and Original
Notary Stamp

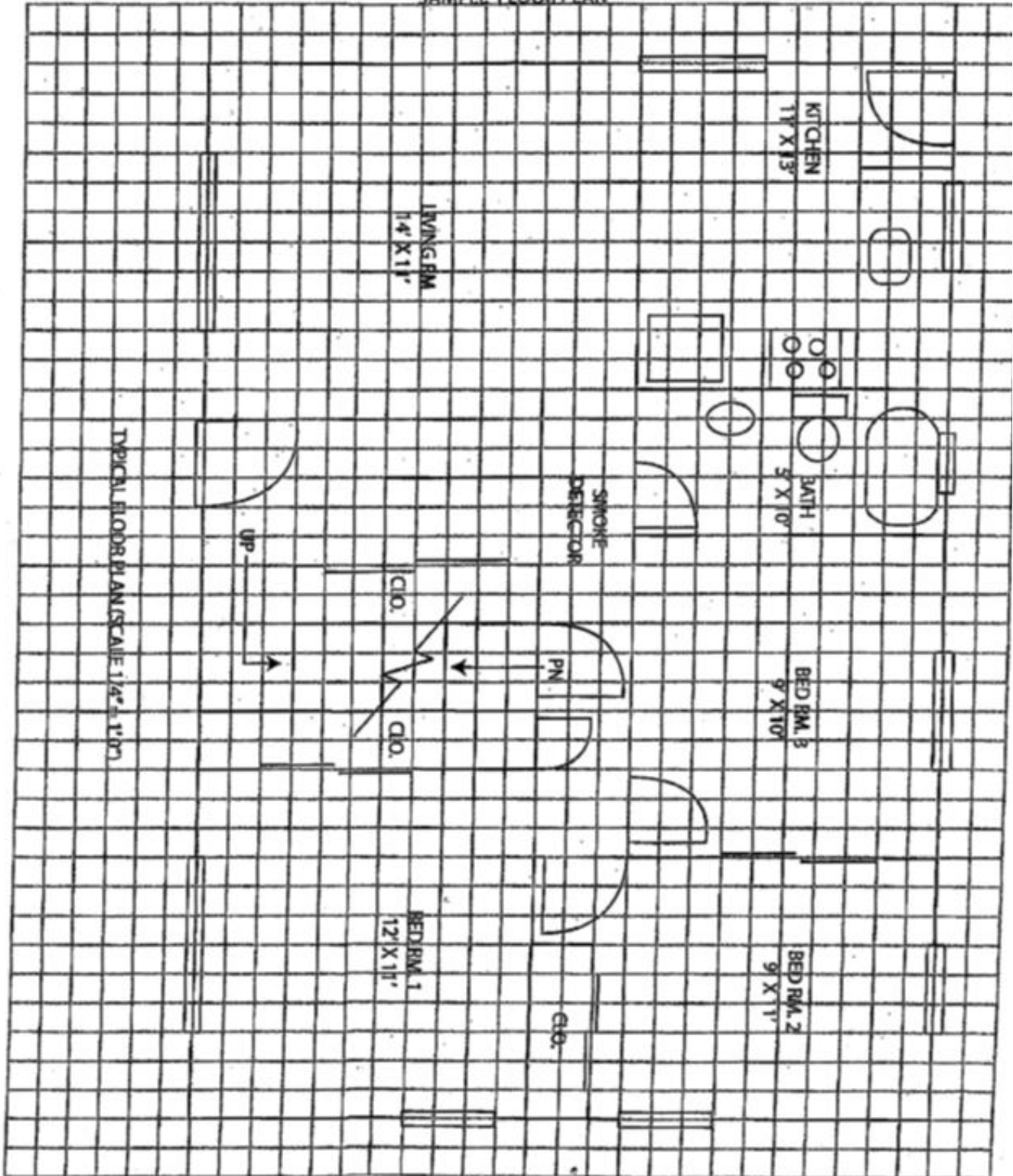


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SAMPLE FLOOR PLAN



TYPICAL FLOOR PLAN SCALE 1/4" = 1'-0"



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Telephone 631 702-1700
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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:** _____