



**TOWN OF SOUTHAMPTON**  
 116 Hampton Road  
 Southampton NY 11968  
 (631) 287-5700 Fax: (631) 287-5754  
 www.southamptontownny.gov

**Expedited Review**

SCTM # 0900 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Zoning \_\_\_\_\_ Subdivision Zoning \_\_\_\_\_  
 C/O No \_\_\_\_\_  
 Bedrooms below Grade:  Proposed  Existing  
 Commercial Certificate of Compliance  
 Fill Composition Certification  
 New Application  Work Done  
 FEE \$: \_\_\_\_\_

Receipt # ..... Date.....  
 Bd. Appeals # ..... Date.....  
 Health Dept. # ..... Date.....  
 Flood Zone # ..... Elev Req. ....  
 SHT Plumbing Registration # \_\_\_\_\_  
 SHT Contractor's License # \_\_\_\_\_  
 \_\_\_\_\_ Stormwater Management Permit  
 Truss Type Construction

**Note: Fees will be calculated at time of Submittal\*\***

**APPLICATION FOR BUILDING PERMIT**

**FOR DEPARTMENT USE ONLY**

**Owner(s) of Property:** \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Location of Property: \_\_\_\_\_

**Contact Person:**  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
**Mailing Address for Permit:** \_\_\_\_\_

**PERMIT TO BE MAILED TO:**  Contact Person  Owner **(if box is not checked permit will be mailed to current owner)**

**Description of Proposed Construction:**

- Commercial Change of Tenancy Use **FEE \$100**
- Certificate of Commercial Compliance **FEE \$300**

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**AREA OF CONSTRUCTION:**

<b>Main</b>	<b>Accessory Building</b>	
1st floor _____ sq. ft.	1st floor _____ sq. ft.	<b>Mezzanine</b> _____ sq. ft.
2nd floor _____ sq. ft.	2nd floor _____ sq. ft.	<b>Finished Basement</b> _____ sq. ft.
<b>Porch</b>	<b>Garage</b>	<b>Deck</b>
1st floor _____ sq. ft.	1st floor _____ sq. ft.	1st floor _____ sq. ft.
2nd floor _____ sq. ft.	2nd floor _____ sq. ft.	2nd floor _____ sq. ft.
<b>Plumbing Fixtures Count:</b>	<b>-Demolition</b> _____ sq. ft. <b>-Demolition non-roofed structure count:</b> _____	<b>Accessory Structure</b> sq. ft.
<b>Alteration/ Renovation/Repair.</b> _____ sq. ft.	<b>Fence</b> _____ linear ft.	<b>Swim Pool Type:</b> <b>Gunite</b> _____ <b>Vinyl</b> _____
<b>Pool/Spa Heater count:</b>	<b>Spa/Hot Tub count:</b>	<b>Tennis/Sport Court:</b>
<b>Fireplace count:</b>	<b>Elevator count:</b>	<b>Other:</b>

[Plumbing Application](#): Download and fill out the Plumbing Application as needed.

[Fill Composition Certification](#) **REQUIRED**

**APPLICATIONS IS HEREBY MADE** to the Department of Land Management, Building & Zoning Division, for issuance of a Building Permit pursuant to the NYS Uniform Fire Prevention and Building Code, Southampton Town Zoning Ordinance, [Chapter 330](#), and all amendments thereto, for the construction of buildings, additions or alterations, or for removal or demolition, or for any change of use as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

APPLICATION SUBMITTED BY: \_\_\_\_\_  Authorized Agent  Owner

**CHECK BOX AFTER READING: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**FOR DEPARTMENT USE ONLY: Permit to Read:**

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