

# TOWN OF SOUTHAMPTON

Department of Land Management  
Building and Zoning Division  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968



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CHIEF BUILDING INSPECTOR

## SIGN PERMIT RENEWAL

**SIGN PERMIT NO. #** \_\_\_\_\_

Parcel's Suffolk County Tax Map # 473689 (900) - \_\_\_\_\_  
Section Block Lot

**Location of subject property: (Provide unit no., bldg. no., Suite #, if applicable) #** \_\_\_\_\_

Number Street Hamlet Zip Code

Check here if this application did include a request for a **“temporary business sign”** as permitted in §330-205.l.

1. **Sign Name/Identification** (the business name): \_\_\_\_\_

2. **Business entity's legal name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

3. **Erecting contractor/entity.**

Contractor or person who will be erecting the sign: Submit one copy of a NYS Workers Comp. Certificate (C105.2) or waiver (CE-200). (ACORD prohibited)

Phone# \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

### SIGN TYPE:

Free standing types:  
 single-side  double-sided  double-pole  single-pole  monument

Wall

Window (unless exempt)

Roof/Parapet (only where permitted, or by zoning variance)

Awning or Canopy (separate Building Permit may be required)

Other (describe) \_\_\_\_\_

4. **Dimensions and Area of subject sign** (use to calculate fee below):

**Width** \_\_\_\_\_ X **Height** \_\_\_\_\_ **AREA** of sign = \_\_\_\_\_ sq. ft.

5. **FEE:** \*(\$50.00 min)

Note: **Round area to the nearest whole sq. ft.: ex. 19.49 = 19sf, and 19.50 = 20sf)**  
**\*Double fee for maintaining signs that exist illegally**

- 1) **AREA** of sign \_\_\_\_\_sf X \$5/sf = \$ \_\_\_\_\_ **(Round area to the nearest whole sq.ft.)**
- 2) **If sign erected/modified without permit**, multiply item "1" above x 2 = \$ \_\_\_\_\_
- 3) **Temporary Business Sign Add \$50.00** (only if applicable) = \$ \_\_\_\_\_
- 4) **TOTAL FEE** (add amounts from items "1", "2" & "3" above) = \$ \_\_\_\_\_

6. **Applicant's Affidavit**

APPLICATION IS HEREBY MADE to the Building Division for issuance of a Sign Permit pursuant to the Southampton Town Zoning Ordinance, Chapter 330-200 through 330-220, and all amendments thereto. The Business Owner/Applicant and his/her authorized agent agree to comply with all applicable laws, ordinances and regulations governing the erection of signs.

STATE OF NEW YORK,  
COUNTY OF SUFFOLK

Individual/Corporation Name (if applicable): \_\_\_\_\_

Name and Title (president, member, etc): \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

Please check one:

- Business owner only, as applicant
- Property owner only, as applicant
- Property owner as occupying business owner, as applicant
- An agent retained as applicant (Provide identification on separate letterhead)

deposes and states that he/she is the applicant above named, and that:

- 1) If not the applicant, the person or entity responsible for requesting all required sign inspections is:

Name/entity /address/ tel. \_\_\_\_\_

\_\_\_\_\_ TEL. \_\_\_\_\_

- 2) There are no changes to the design as originally approved.

\_\_\_\_\_  
Applicant's Signature

**Read and Check Box**

***False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law***