



TOWN OF SOUTHAMPTON
CODE ENFORCEMENT
INVESTIGATIONS & ENFORCEMENT UNIT
 27 Ponquogue Avenue, Hampton Bays, NY 11946
 Ph: 631-702-1700 Fx: 631-283-2694

Ryan Murphy
 Town Code Compliance & Emergency
 Management Administrator



www.southamptontownny.gov/codeenforcement
 Email: CodeEnforcementInquiries@Southamptontownny.gov

RENTAL PERMIT APPLICATION INSTRUCTIONS

(Application must be renewed every two years)

****The items listed below are required to be submitted to be considered a complete application****

Documents: (ALL items below are required)

- Application:** Inclusive of the following forms: Property/Owner Information, Ownership Attestation Form (Needed if owned by a Corp/Trust/Estate), Agent/Tenant info, Inspection type, Engineer/Architect certification (if applicable), Declaration, Smoke and Carbon Monoxide affidavit, Refuse Removal Affidavit.
- Floor Plans:** Plans for each floor (**including basement**). Must include CO/Smoke detectors and bedroom sizes.
- Survey:** A copy of the property's most recent survey and/or site plan of the premises drawn to scale not greater than forty (40) feet to one inch, showing all buildings, structures, walks, driveways and other physical features of the premises and the number, location and access of existing and proposed on-site vehicle parking facilities.
- Certificates of Occupancy and Compliance:** Certificates of occupancy and compliance for all structures on the property, Building Permit Application and approval card is needed if any structures on the subject property do not hold a certificate of occupancy or compliance.

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

- New/Renewal Rental Application Standard Fee (2 years): \$300
- Inspection/Certification by License Architect or Licensed Engineer - \$200
- Property in Violation of Chapter 270 (Rental Properties) - \$500
- Owner tax exemption (Enhanced STAR, Veteran, Senior Citizen (65+)) - \$150
- Renter tax exemption (Volunteer Fire Dept. or Ambulance Worker) - \$150
- Renter is Sr. Citizen, 65+ (as per §330-5) or Qualified Disabled Person (as per §216-2) - \$150
- Income Qualified Tenant (proof of lease for entire term): Fee waived (current letter from agency required)
- Optional Expedited service - \$750 additional fee (after receipt of complete application and passed inspection; Permit will be issued within 3 business days of passed inspection)

Proof of ownership: Required if property is owned by an Estate, Trust, Corp, LLC or other Business Entity or if there was a recent closing.

- Property owned by Estate, Trust, Corp or LLC (ONE of the following)
 - LLC/Corp – **Corporation/LLC Attestation Form with signature notarized.**
 - Trust – **Trust Attestation Form with signature notarized.**
 - Estate – **Estate Attestation Form with signature notarized.**
- Recent closing
 - Certified Deed or Real Property Transfer Report (RP 5217) from closing docs.



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(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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RENTAL PERMIT APPLICATION

Property Information:

Rental Property Address: _____

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 unit 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: _____

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: _____ | Chief Executive Officer: Yes/No (Circle One) |
| County: _____ | Entity Owner: Yes/No (Circle One) |
| Initial D.O.S. Filing: _____ | 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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Trust Attestation Form

(Fill out ONLY if property is owned by a Trust)

Rental Property Address: _____

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

| | |
|--|---|
| Trust Name as recorded on Deed: _____ | Primary Mailing Address: _____ _____ _____ |
| Grantor/Settlor: _____ | |
| Trustee/Administrator: _____ | Beneficiary: _____ _____ |

All information provided herein will be confirmed against the Suffolk County Record Card, and a copy of this form will be forwarded to the primary mailing address of the identified Trust herein. Any application containing information that does not match the Suffolk County Record Card 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 and legally bind the Trust 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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Estate Attestation Form

(Fill out ONLY if property is owned by an Estate)

Rental Property Address: _____

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

| | |
|----------------------------------|-----------------------------------|
| Estate Name: _____ | Primary Mailing Address: _____ |
| Date of Death: _____ | _____ |
| Administrator/Executor: _____ | County of Administration: _____ |
| | State of Administration: _____ |

All information provided herein may be forwarded to a court of competent jurisdiction. 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 estate named herein as administrator and/or executor, and collect any/all rent/s on behalf of the estate for administration.

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.



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Notary Public

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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:

Term of Lease: Beginning Date: _____ Ending Date: _____

One Family: Yes / No Two Family: Yes / No Townhouse: Yes / No

LIST OF ALL TENANTS:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

If necessary, attach additional pages to supply above information.



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Rental Property Certification

Form is to be completed by a licensed architect or engineer.

Professional seal required.

Rental Property SCTM Number: _____

Rental Property Address: _____

Owner/ Name: _____

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.)

Property Description (Include all improvements indicated on survey)

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

Original Signature

Please place professional seal:

Date



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RENTAL PERMIT APPLICATION

Smoke and Carbon Monoxide Affidavit

STATE OF NEW YORK }
 } SS:
COUNTY OF SUFFOLK }

I, _____, being duly sworn, depose and say on the Smoke & Carbon Affidavit:

I am the owner of the premises located at _____
Suffolk County Tax Map Number 473689 – _____._____-_____-_____._____, a structure for which I am applying for a two-year rental permit.

That smoke detection devices are installed as per Section 164-9 of the Southampton Town Code requiring functional smoke detectors on each floor of the residence, on the ceiling or wall in EACH sleeping area, and in the common areas within fifteen (15) feet of EACH bedroom entrance and on each story within a dwelling including basements and cellars.

That carbon monoxide alarm devices are installed as per Section 313.4.2 of the New York State Residential Code, which is one for every floor of living space in the structure, and one on every floor within a potential CO source.

That I make this affidavit pursuant to Section 1193.2 of the New York State Fire Prevention and Building Code.

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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RENTAL PERMIT APPLICATION

Refuse Removal Affidavit

STATE OF NEW YORK }
 } SS:
COUNTY OF SUFFOLK }

1. A copy of a contract with a carter providing for weekly pick up, at a minimum of refuse and proof by letter from the carter indicating that full payment for the **ENTIRE** term of the rental has been made if the tenant is responsible.
2. An affidavit from the owner acknowledging for refuse removal in a timely efficient manner (by signing this form before a notary this becomes an Affidavit)

I, _____, being duly sworn, depose and say on the Refuse Removal Affidavit I am the owner of the said:

Premises at: _____.

SCTM# 473689 _____ - _____ - _____.

I make this affidavit pursuant to: Chapter 261-1 (B) (4) Property Maintenance

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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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



