

**Town of Southampton — MARIA Z. MOORE, TOWN SUPERVISOR**  
**Code Enforcement Investigations & Enforcement Unit**

27 Ponquogue Avenue, Hampton Bays, NY 11946

Phone: 631-702-1700 Fax: 631-283-2694 [www.southamptontownny.gov/codeenforcement](http://www.southamptontownny.gov/codeenforcement)

Email: [CodeEnforcementInquiries@Southamptontownny.gov](mailto:CodeEnforcementInquiries@Southamptontownny.gov)



**Ryan Murphy – Town Code Compliance and Emergency Management Administrator**

**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) Fee Schedule Changes Effective January 1, 2025**

- New/Renewal Rental Application Standard Fee (2-years): \$400
- Inspection/Certification by License Architect or Licensed Engineer - \$250
- Property in Violation of Chapter 270 (Rental Properties) - \$800
- Owner tax exemption (Enhanced STAR, Veteran, Senior Citizen (65+)) - \$175
- Renter tax exemption (Volunteer Fire Dept. or Ambulance Worker) - \$175
- Renter is Sr. Citizen, 65+ (as per §330-5) or Qualified Disabled Person (as per §216-2) - \$175
- 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)
- Re-inspection Fee (for any property requiring more than three inspection visits): \$50
- Bulk Permit Unit Fees: Per Code [270-8-J](#)

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

**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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## RENTAL PERMIT APPLICATION

### (Checklist 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 are required around water sources (i.e. kitchen sink, bathrooms, laundry rooms)
- No open electrical outlets, exposed wiring, spliced visible wires, open junction boxes, exposed bus bars, 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.
- All finished basement space must be permitted by the building department
- Bedrooms below grade (i.e. basement) must have an egress window along with a code complaint emergency escape well.
- Egresses (windows, doors, etc.) must be free of any obstructions.
- 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.
- 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 overnight at a rental property is no more than 4.
- Exterior of structures must be in good repair.
- All structures on the property requiring certificates of occupancy or certificates of compliance must have the necessary approvals. This applies to the dwelling, accessory structures, fences, etc.

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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 Legal 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 or business entity:

\_\_\_\_\_

Telephone Number (s): Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Emergency \_\_\_\_\_

**If necessary, attach additional pages to supply the above information.**

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**CORPORATION/LLC ATTESTATION FORM**

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

Rental Property Address: \_\_\_\_\_

Tax Map Number: 0900- SECTION \_\_\_\_\_ - BLOCK \_\_\_\_\_ - LOT \_\_\_\_\_ - \_\_\_\_\_

Entity Name: _____ Entity Type: _____ D.O.S. ID: _____ Entity Status: _____ County: _____ Initial D.O.S. Filing: _____	Next Statement Due Date: _____ Entity Address: _____ Relation to Entity: _____ Chief Executive Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One) Entity Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One) Percentage of Ownership: _____
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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: \_\_\_\_\_

Tax Map Number: 0900- SECTION \_\_\_\_\_ - BLOCK \_\_\_\_\_ - LOT \_\_\_\_\_ - \_\_\_\_\_

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

Tax Map Number: 0900- SECTION \_\_\_\_\_ - BLOCK \_\_\_\_\_ - LOT \_\_\_\_\_ - \_\_\_\_\_

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

Term of Lease: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

#### LIST OF ALL TENANTS:

If necessary, attach additional pages to supply above information.

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

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**RENTAL PERMIT APPLICATION**  
**ARCHITECTS, ENGINEERS AND HOME INSPECTORS**

RENTAL PROPERTY CERTIFICATION: THIS FORM MUST BE COMPLETED BY A LICENSED ARCHITECT, ENGINEER, OR HOME INSPECTOR  
**ONLY IF THE APPLICANT IS FILING A CERTIFIED APPLICATION. A PROFESSIONAL SEAL IS REQUIRED**

**PROPERTY INFORMATION**

<b>Property Address:</b>	
<b>Owner Name:</b>	

**PROPERTY INSPECTION CHECKLIST: MUST BE COMPLETED BY A CERTIFIED PROFESSIONAL**

P = PASS	F = FAIL	N/A = NOT APPLICABLE	Y = YES	N = NO
<b>BEDROOM # FOUND:</b>		<b>KEY</b>	<b>BATHROOM # FOUND:</b>	
	Smoke detector present & functional			GFCI outlet(s) present & functional
	Overcrowding conditions			Exhaust fan/operable window
	Unobstructed egress			Sanitation concerns
	CO detector present within 15' of bedrooms & functional			
<b>KITCHEN/COMMON SPACES:</b>		<b>KEY</b>	<b>PROPERTY EXTERIOR/POOL:</b>	
	GFCI outlet(s) present & functional			Pool enclosure meets code standards
	Smoke detector(s) present & functional			Pool alarms Meet code standards
	CO detector(s) present & functional			Property hazards/sanitation concerns
	Unobstructed egress			Accessory structure(s) code compliant
	Interior sanitary concerns			Exterior of structures in good repair
<b>BASEMENT/CRAWL SPACE:</b>		<b>KEY</b>	<b>GARAGE:</b>	
	Finished Basement			Attached Garage
	Proper egress in finished basement			Fire rated door/sheetrock between garage and dwelling unit
	Smoke detector(s) present & functional			Heat detector (s) present & functional
	CO detector(s) present & functional			Structural/Sanitation Concerns
	Structural/Sanitation Concerns			
<b>UTILITIES/HEATING EQPT:</b>		<b>KEY</b>	<b>OTHER CONCERNS:</b>	
	Hot water heater code compliant			All Structure(s) properly permitted
	Electrical panel code compliant			Conformance to C.O./C.C.
	Combustibles >3ft from utilities			Fuel gas appliances/systems shut off valve (s)
	Electrical hazards			Handrail/guards provided
	Plumbing system hazards			Property numerical visible from street
	Washer/Dryer GFCI/220 Volt outlet			Driveway access unobstructed
	Fire Extinguisher present and "good"			Window fall protection

Numbers and square footage of each bedroom as depicted on the attached floor plan: (i.e. Bedroom #1-200sq.Ft., Bedroom #2-sq. ft., etc.)

**INSPECTOR CERTIFICATION:**

I certify that I have completed a physical inspection of the subject rental property and find that the property fully complies with all 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.

<b>Print Name and Title:</b>		<b>Date:</b>	
<b>Original Signature:</b>		<b>Professional Seal (If applicable):</b>	







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### RENTAL PERMIT APPLICATION

#### Designation of Agent for Service

I, \_\_\_\_\_, 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.

Property Owner Original Signature \_\_\_\_\_ Date \_\_\_\_\_

### ACKNOWLEDGMENT

STATE OF NEW YORK}

} SS:

COUNTY OF SUFFOLK}

On the \_\_\_\_\_ Day of \_\_\_\_\_, 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.

\_\_\_\_\_  
Notary Public Original Signature and Notary Public Original Stamp

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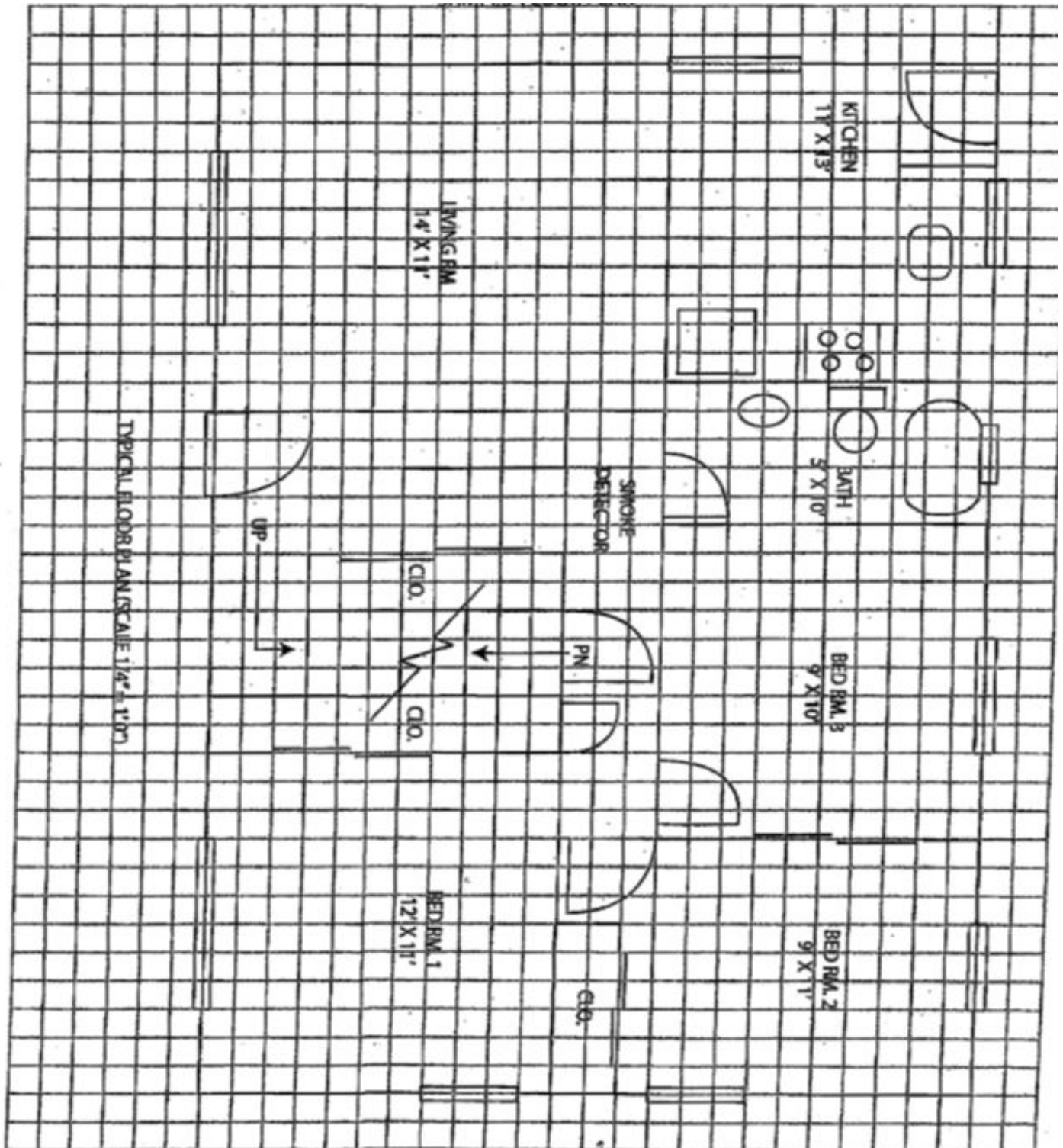
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### SAMPLE FLOOR PLAN







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