



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
 Town Code Compliance &  
 Emergency Management  
 Administrator

**Ricardo Larios**  
 Town Investigator

**Michael Chih**  
 Code Enforcement Officer

## 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, 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 in probate and if owned by a Trust, Corp, LLC or other Business Entity.

- Property owned by Trust, Corp or LLC (one of the following)
  - LLC/Corp – **Corporation/LLC Attestation Form** with **signature notarized**.
  - Trust – **Trust Attestation Form** with **signature notarized**.
- Property in probate
  - Copy of Last Will and Testament.
  - Copy of Death Certificate.
  - Letter of Testamentary or Letter of Administration.
  - Notarized letter from all heirs granting consent to obtain rental permit.
- Recent closing
  - Certified Deed or Real Property Transfer Report (RP 5217) from closing docs.



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
 Town Code Compliance &  
 Emergency Management  
 Administrator

**Ricardo Larios**  
 Town Investigator

**Michael Chih**  
 Code Enforcement Officer

## **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.



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer

**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.**



**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 &  
 Emergency Management  
 Administrator

**Ricardo Larios**  
 Town Investigator

**Michael Chih**  
 Code Enforcement Officer

**Corporation/LLC Attestation Form**

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



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer

**Trust Attestation Form**

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



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer

**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:**

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.**



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer

**RENTAL PERMIT APPLICATION**

**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



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
 Town Code Compliance &  
 Emergency Management  
 Administrator

**Ricardo Larios**  
 Town Investigator

**Michael Chih**  
 Code Enforcement Officer

Pursuant to the Town Code of the Town of Southampton, Chapter 270 (Rental Properties), a safety inspection by the Chief Building Inspector, his designee, or a Code Enforcement Officer is required. If the owner chooses not to have said inspection performed by one of the aforementioned officials, a certification from a licensed architect or a licensed professional engineer is required stating that the property which is the subject of the rental permit application is in compliance with all of the provisions of the Code of the Town of Southampton, the laws and sanitary and housing regulations of the County of Suffolk and by the laws adopted by the New York State Fire Prevention and Building Code Council.

I am requesting a fire safety inspection to be performed by a Code Enforcement Official from the Town of Southampton.

I am submitting a completed Town of Southampton certification form from a licensed architect or a licensed professional engineer.

***DECLARATION: Signature must be notarized and MUST be by the owner of the dwelling unit.***

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

I \_\_\_\_\_ certify, under penalty of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and the same are true and accurate. I have read copies of Chapter 270 (Rental Properties) of the Code of the Town of Southampton and the New York State Property Maintenance Code and agree to abide by the same. To the best of my knowledge there is no existing safety or health code violation of the code of the Town of Southampton or the New York State Uniform Fire Prevention and Building Code at the property which is the subject of this rental permit application. I do not have any knowledge of complaints from tenants or others regarding any existing code, safety or health violations at the property which is the subject of this rental permit application.

Owner's Original Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

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





**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer

**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



**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 &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer

**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



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer

**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



# TOWN OF SOUTHAMPTON

## CODE ENFORCEMENT

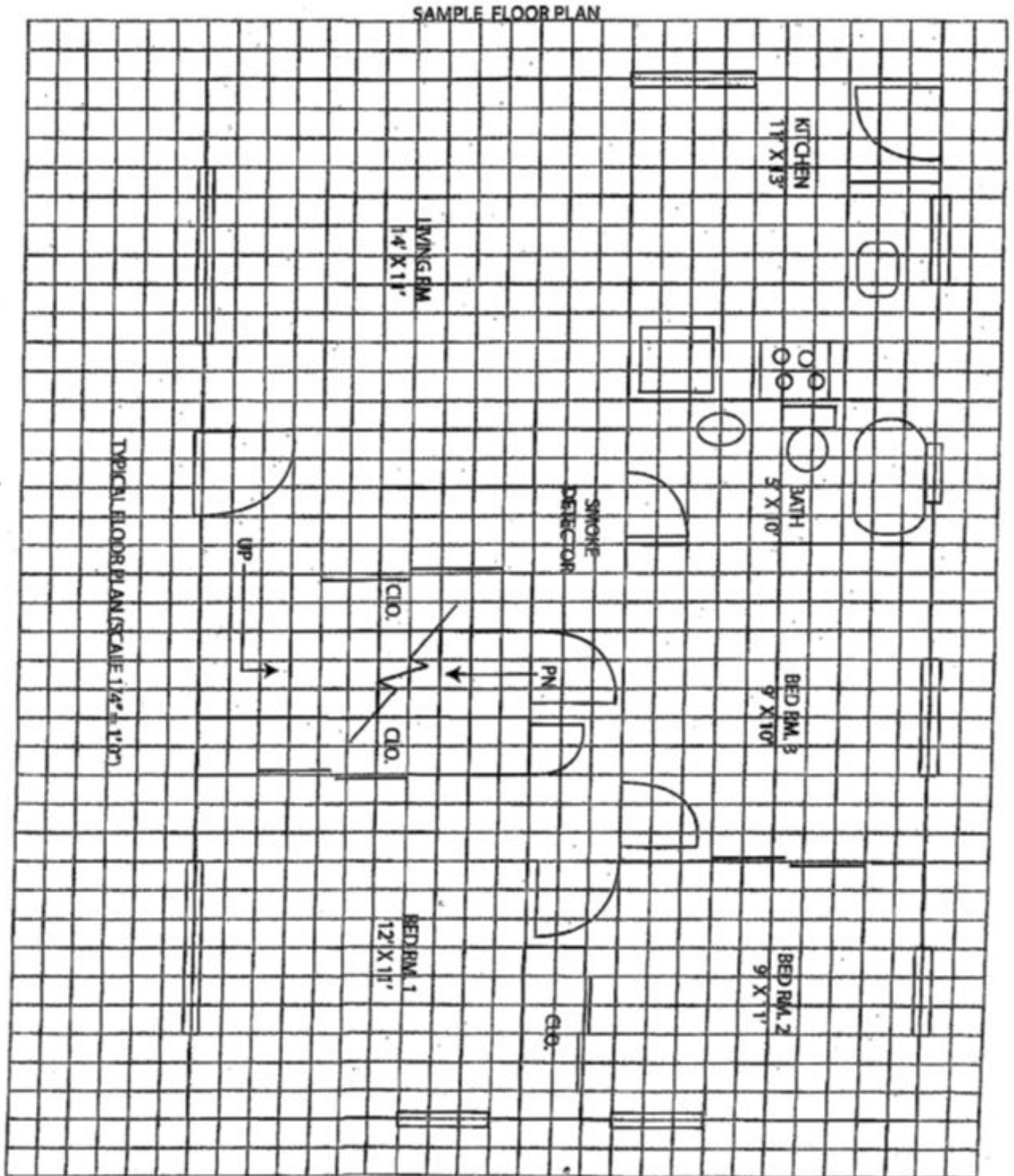
### INVESTIGATIONS & ENFORCEMENT UNIT

27 Ponquogue Avenue Hampton Bays, New York 11946  
Phone: 631-702-1700 Fax: 631-283-2694  
[www.southamptontownny.gov/codeenforcement](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer





**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer


Floor Plan – include locations of smoke and carbon monoxide detectors



**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](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
Town Code Compliance &  
Emergency Management  
Administrator

**Ricardo Larios**  
Town Investigator

**Michael Chih**  
Code Enforcement Officer


Floor Plan– include locations of smoke and carbon monoxide detectors