

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

Email: CodeEnforcementInquiries@Southamptontownny.gov



Ryan Murphy – Town Code Compliance and Emergency Management Administrator

RENTAL RENEWAL PERMIT APPLICATION Instructions

(Application is renewable every two years)

Rental Permits are renewable every two years. Any rental permit that is about to expire or has expired sixty days or less may use the renewal application. If the **rental permit has expired over sixty days**, please submit an original rental permit application.

***If the property has changed ownership including but not limited to or from an individual to a Corporation, Partnership, Limited Liability Company, Trust, LLC or other business entity, you must complete an original application.**

****As always, the Town of Southampton reserves the right to conduct an inspection if necessary to satisfy any questions or concerns that may exist.**

The following items are required when submitting the renewal application:

- Copy of the previously issued rental permit
- Tenant information form
- Notarized affidavit
- Documentation or proof for any claimed exemption

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

- Renewal Rental Application Standard Fee (2 years): \$400
- Property in Violation of Chapter 270 (Rental Properties) - \$800
- Owner tax exemption (Enhanced STAR, Veteran, Senior Citizen (65+)) - \$175
- Renter tax exemption Proof required (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 the entire term): Fee waived (current letter from agency required)
- Re-inspection Fee (for any property requiring more than three inspection visits): \$50

Proof:

- Copy of Photo ID for Volunteer Fire Dept. or Ambulance Worker and a lease are required in order for the tenant to receive the exemption.

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RENTAL RENEWAL PERMIT APPLICATION

Issued Rental Permit Number: _____ Expiration Date: _____ Today's Date: _____

Property Information:

Rental Property Address: _____

Tax Map Number: 0900- SECTION _____ - BLOCK _____ - LOT _____ - _____

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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In the matter of the Application of

(Print Owners Name)

For the Renewal of a Rental Permit pursuant to Chapter 270 of the Southampton
Town Code. STATE OF NEW YORK
COUNTY OF SUFFOLK) SS:

I, _____, being duly sworn, depose and say
Owners Affidavit:

1. I am the owner of the premise located at ` _____
In the Hamlet of _____, more particularly shown as Suffolk County Tax Map
Number: 0900- _____ - _____ - _____ and as such I am familiar with the buildings
and structures located on the subject premises.
2. A copy of the previously issued valid rental permit is attached hereto.
3. The above-mentioned rental property, to the best of my knowledge, fully complies with all of the
provisions of the Code of the Town of Southampton and the New York State Uniform Fire Prevention
and Building Code.
4. The structure has not been physically altered in any way, except in full conformance with a valid
building permit.
5. I am not aware of the property being in violation of the Code of the Town of Southampton or the
New York State Uniform Fire Prevention and Building Code.
6. I make this affidavit knowing full well that the Town of Southampton Code Enforcement will rely upon
the facts as stated herein to issue a renewal of a rental permit pursuant to Chapter 270 of the Code of
the Town of Southampton.
7. In the event of a change in tenancy occurring during a permit term, **I shall notify the Code
Enforcement Unit in writing of the identity of the new tenants.**

Sworn to before me this _____
Day of _____, 20_____

Original Signature

Notary Public Original Signature and Notary Public Original Stamp

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RENTAL RENEWAL 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 the above information.

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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: _____