

TOWN OF SOUTHAMPTON



Main Office
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968
Phone: (631) 287-5740
Fax: (631) 283-5606

OFFICE OF TOWN CLERK
SUNDY A. SCHERMEYER

Town Clerk Annex
Phone: (631) 723-2712
Fax: (631) 723-3080
Website:
www.southamptontownny.gov

2019

REQUIREMENTS FOR DROP-OFF BIN PERMIT
ON COMMERCIAL PROPERTIES

Expires: December 31st, Midnight

Permit Fee per Bin: \$50.00
(Cash, check or money order payable to the "Town of Southampton")

Fees are non-refundable and due when the application is submitted.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **COPY OF ORGANIZATION'S 501(C)(3) EXEMPTION**
Only Charitable Organizations recognized pursuant to IRS Code §501(C)(3) are permitted to apply for and obtain a Drop-Off Bin Permit.
- **SITE PLAN OR SURVEY INDICATING LOCATION OF DROP-OFF BIN**
If no site plan is available, a survey will be accepted.
- **OWNER(S) CONSENT FORM (ATTACHED)**
Form must be signed and notarized by the owner(s) of the property.

PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application - \$1.00
- Copies per page - \$.25

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OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

TOWN OF SOUTHAMPTON DROP-OFF BIN APPLICATION

ONLY CHARITABLE ORGANIZATIONS RECOGNIZED PURSUANT TO IRS CODE §501(C)(3) ARE PERMITTED TO APPLY FOR AND OBTAIN A DROP-OFF BIN PERMIT.

Southampton Town Code §153-4(A) requires applicants to supply a copy of the organization's 501(C)(3) exemption and a copy of the property's site plan indicating the drop-off bin location. If a site plan is not available, a survey will be accepted.

APPLICANT INFORMATION: (PROVIDE A COPY OF THE ORGANIZATION'S 501(C)(3) EXEMPTION)

Name of Organization: _____

Address: _____

Contact Person: _____ Phone #: _____

IRS Employer Identification #: _____ Alt Phone #: _____

PLACEMENT OF PROPOSED BIN LOCATION: (SITE PLAN OR SURVEY WITH PLACEMENT OF BIN(S))

Tax Map Number: Map: 0900 Section: _____ Block : _____ Lot : _____

Bin Drop Off Address: _____

Description of Bin Location: _____

Number of Bin(s): _____

ORGANIZATION PLACING THE BIN:

Name & Phone #: _____

Address / Hamlet: _____

Contact Person: _____ Alt Phone #: _____

BIN CONTENT INFORMATION:

Emptying Schedule: _____

Final Destination of Bin Contents: _____

\$50 NON-REFUNDABLE FEE: (Make Check or Money Order payable to Town of Southampton)

Check#: _____ Money Order: _____ Cash: _____

I attest to this document with full understanding that I am swearing under oath to this fact and that swearing falsely or giving a misleading or untrue statement subjects me to prosecution under New York State Penal Law Section 210.5.

(Applicant's Signature)

STATE OF NEW YORK ss:
COUNTY OF SUFFOLK

Sworn to before me this ____ day of _____, in the year of 20 ____, before me, the undersigned, a Notary Public in and for 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/she execute the same in his/her capacity and that be his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Notary Public)

<i>For Office Use Only</i> : Amount of Bins _____		<i>Permit #</i> : _____	
<i>Date Issued</i> : _____		<i>Receipt #</i> : _____	
<i>Approved By</i> : _____		<i>Date</i> : _____	

TOWN OF SOUTHAMPTON

DROP-OFF BIN OWNER CONSENT FORM

Form must be completed in full to be processed.

DATE: _____

OWNER INFORMATION: THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS.

(Separate sheets may be used for multiple owners.)

Be advised that I am the owner of record of the property referenced herein and hereby consent to this application. By this application, the owner does hereby authorize employees or agents of the Town of Southampton, in conjunction with this application, to enter and inspect the project site as necessary.

Owner's Name: _____

Address: _____

Hamlet: _____ State: _____ Zip: _____

Telephone #: _____

*If owner is a corporation, give the name and title of responsible officer:

Name: _____ Title: _____

Telephone #: _____ Fax: _____ Email Address: _____

In Witness Whereof I have hereto set my hand this _____ day of _____ 20____

I attest to this document with full understanding that I am swearing under oath to this fact and that swearing falsely or giving a misleading or untrue statement subjects me to prosecution under New York State Penal Law Section 210.5.

(Owner Signature)

**STATE OF NEW YORK ss:
COUNTY OF SUFFOLK**

Sworn to before me this _____ day of _____, in the year of 20_____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/their capacity(ies), and that by his/she/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary Public)