Department of Land Management Building and Zoning Division 116 HAMPTON ROAD SOUTHAMPTON, NY 11968

Phone: (631) 287-5700 Fax: (631) 287-5754

TOWN OF SOUTHAMPTON

JANICE SCHERER TOWN PLANNING AND



ARTHUR GERHAUSER ACTING CHIEF BUILDING INSPECTOR

| INTAKE SIGNATURE | DATE |
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JAY SCHNEIDERMAN TOWN SUPERVISOR

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BUILDING PERMIT APPLICATION CHECKLIST **ACCESSORY STRUCTURES**

(Accessory Buildings, Trellis, Pergola, Deck, Gazebo, Outdoor Shower w/ Enclosure, Outdoor Kitchen, Tennis Court, Fencing above 4ft, Garage, Pool House, Residential Storage Sheds¹)

Applications and forms must be filled out in their entirety. Incomplete applications will not be accepted.

Note: Please be advised additional documentation maybe required by the Building Division

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| ALL A | PPLICATIONS MUST BE SUBMITTED WITH THE FOLLOWING MATERIALS: |
| | Building Permit Application (original) |
| | 3 copies of survey prepared by a licensed surveyor, illustrating Proposed construction |
| | 2 sets of plans prepared by a licensed professional illustrating compliance with NYS building and Fire |
| _ | When in flood zone plans must indicate compliance with FEMA Flood Plain Ordinance |
| | 1 copy of house certificate of occupancy (can be obtained at a fee from the Building Division) |
| | Workman's compensation (contractor must have an active license with the Town) |
| _ | Applicable Forms: C 105.2, U26.3, CE 200. ACORD FORM NOT ACCEPTED |
| | or Affidavit of exemption (BP1) if work is being completed by owner and will be an owner-occupied residence |
| | Architectural Review Board Submittal Form |
| | Electrical Permit Electrician must have an active license with Suffolk County FILED SEPARATELY |
| | Completed Open Government Disclosure Form from owner and applicant |
| | Fee (Based on cost estimate) **Note: Fees will be calculated at Front Desk at time of Submittal** |
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| | IONAL DOCUMENTATION MAY BE REQUIRED AS IDENTIFIED BELOW |
| | Coastal Erosion Hazard Permit if construction is south of Coastal Erosion line |
| | Conservation approval (includes: Permit with Original Stamped Survey) or Letter of Non-Jurisdiction: If subject |
| | parcel is within Wetlands Jurisdiction. Determined at time of submittal |
| | Fill Composition Certification - Pursuant to Town Code § 123-47 – 123.50 |
| | Original Red stamped Board of Health Survey: For accessory buildings with plumbing |
| | <u>Plumbing Application:</u> If plumbing is proposed. <i>Plumber must have active license with Town of Southampton</i> |
| | Written cost estimate on contractor's letterhead for: trellis, pergola, outdoor shower w/ enclosure, outdoor kitchen, |
| _ | fencing over 4ft in height |
| | Zoning Board of Appeals Approval: If proposed project requires a variance. |
| | Residential Energy System (RES) – if any finished space is proposed. |
| Va | rification of Ownership or Authorization |
| | Original Signed & Notarized Owners Endorsement: If applicant is other than owner |
| | Copy of Deed: If property has been owned for less than a year |
| | Proof of Corporation, LLC, Trusts, Funds or Business Ownership (i.e. Original Notarized Opinion Letter, Operating |
| ш | Agreement or Minutes listing members) |
| **Note: | Documents MUST list name of member(s) that are authorizing the submittal of this application** |
| | Death Certificate: If owner listed is deceased. |
| | Proof of Legatee (i.e.: Surrogate Letter; Executor of the Will; Certified Letter of Testamentary; Letter of |
| | Administration; Letter of Probate; Power of Attorney etc.): |
| | • When owner is deceased |
| | When owner is incapable of submitting an application |

For Residential Storage Sheds please refer to Town Codes §123-8, §330-5 and §330-77E