



**APPLICATION FOR UPDATED  
CERTIFICATE OF OCCUPANCY**

**Village of Sagaponack  
PO Box 600  
Sagaponack, NY 11962  
631-537-0017 631-537-0612 (FAX)**

**Application No:** \_\_\_\_\_  
**Permit No:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_  
**Permit Fee:** \_\_\_\_\_

**INSTRUCTIONS**

- A. The application form must be completed by typewriter or printed in ink.
- B. This application must be completed in every respect.
- C. A completed Authorization and Consent form must be included
- D. A recent survey less than one year old.
- E. Copies of all certificates of occupancies and/or compliances for all structures on the property.
- F. \$350.00 application fee.

**PROPERTY LOCATION:**

Tax Map Number: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

Existing use of structure(s):

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Agricultural \_\_\_\_\_

**STATE WHETHER APPLICANT IS:**

OWNER \_\_\_\_\_ LESSEE \_\_\_\_\_ AGENT \_\_\_\_\_ ARCHITECT \_\_\_\_\_ BUILDER \_\_\_\_\_ OTHER \_\_\_\_\_

Owner of property: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant (if different from owner) \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Application is hereby made to the Building Department for the issuance of an Updated Certificate of Occupancy as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.**

STATE OF NEW YORK,

COUNTY OF \_\_\_\_\_) ss:

\_\_\_\_\_ being duly sworn deposes and says that he/she is the  
(Name of individual signing application)  
applicant named, he/she is the \_\_\_\_\_ of said owner or owners, and is duly authorized to  
(contractor, agent, corporate officer, owner, etc)  
make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

Notary Public \_\_\_\_\_ County

Approved \_\_\_\_\_  
Building Inspector

**VILLAGE OF SAGAPONACK**  
**3175 Montauk Highway, P.O. Box 600**  
**Sagaponack, NY 11962**  
**(631) 537-0017 (631) 537-0612 (Fax)**

**AUTHORIZATION AND CONSENT**

STATE OF NEW YORK    )  
                                  ) ss.:  
COUNTY OF            )

\_\_\_\_\_ being duly sworn depose

and say:

1.     The undersigned are the sole owners of premises at

\_\_\_\_\_

2.     The undersigned are the applicant(s) for a Application for an Updated C. O.

3.     The undersigned consent to entry and inspection of the above premises as needed by the Building Inspector.

4.     The undersigned authorize \_\_\_\_\_ whose contact information is \_\_\_\_

\_\_\_\_\_ to appear on our behalf before the officials and agencies of the Village of Sagaponack.

Sworn to before this  
\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature

Sworn to before this  
\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature