



BUILDING PERMIT RENEWAL APPLICATION

Village of Sagaponack
P. O. Box 600, 3175 Montauk Highway
Sagaponack, NY 11962

Building Permit #: _____

SCTM #: 908-_____

SHT Home Improvement Contractor's Lic. No: _____

RENEWAL FEE \$ _____

Instructions:

1. This renewal application must be completed in every aspect, sign and notarized. Fee is due upon submittal.
2. Copy of current Workman's Compensation Insurance, current Southampton Town Contractors License and Certificate of Liability Insurance naming the Village of Sagaponack as additional insured with original signature on the Acord form and endorsement page from the insurance carrier
3. Completed work can be scheduled for an inspection at the time of submittal.

Location of Property: _____

Owner of Property:

Name: _____ Phone #: _____

Mailing Address: _____

E-Mail Address: _____

Contractor/Agent responsible for construction:

Name: _____ Phone #: _____

Mailing Address: _____

E-Mail Address: _____

Note any changes to original building permit application: _____

APPLICATION IS HEREBY MADE to the Village of Sagaponack Building Department for issuance of a building permit renewal of the above referenced building permit.

County of Suffolk)

State of New York)

_____ being duly sworn deposes and says that he/she is the Owner/Authorized Agent (circle one)
(applicant print name)

of the premises described in the within application, and states the applicant is authorized to make this application. The applicant consents to permit the Building Inspector, any officer or employee of the Building Department to enter upon the subject premises without a search warrant for the purpose of inspecting the building and work.

Signature: _____
Owner

Date: _____

Sworn to before me this ____ day of _____, 20____

County: _____

Notary Public: _____