VILLAGE OF SAGAPONACK



PO Box 600 3175 Montauk Highway Sagaponack, NY 11962 www.sagaponackvillage.org 631-537-0017 631-537-0612 (FAX)

APPLICATION FOR AMENDMENT TO EXISTING BUILDING PERMIT

Approval: Architectural & Historic Preservation Review Board Date:	Date Received:		
	Permit Fee:		
	Ех	isting Building Permit Number:	
 INSTRUCTIONS All forms must be completed in ink or typed. Fees are based upon addition/renovation square footage but not less than \$150.00. An additional fee will be charged if AHRB approval is required. Work covered by this application may not be started before amendment is approved and issued. This application must be completed in every respect. 			
 Please provide the following additional Updated survey (3 copies and Building plans and elevations Board of Health Approval Wetlands Permit or non-juriso 	l electronic PDF) s (3 copies and electronic P	DF)	
Property Address:Owner Name:		SCTM#: Email:	_
Name of Applicant: Is applicant: () owner () agen			
Mailing Address:		Email:	
Proposed Amendment to Existing	Building Permit:		
Square footage to be added: 1 st Fl	2 nd Fl	Total Sq Ft	
Signature	P	rint Name	
APPROVAL:			
Date		Building Inspector	