



VILLAGE OF SAGAPONACK

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

COASTAL EROSION MANAGEMENT PERMIT 3-MONTH EXTENSION APPLICATION

Instructions:

1. This 3-month extension application must be completed in every aspect, signed and notarized. Fee is due upon submittal.
2. Provide a copy of current Southampton Town Contractors License, Certificate of Worker’s Compensation and Certificate of Liability Insurance naming the Village of Sagaponack as additional insured on the Acord form and the endorsement page from the insurance carrier.
3. Extension Fee: \$500.00 Made payable to the Village of Sagaponack.

CEH Permit #: _____

SCTM #: _____

Location of Property: _____

Owner of Property:

Name: _____ Phone #: _____

Mailing Address: _____

E-Mail Address: _____

Contractor/Agent responsible for Site Plan:

Name: _____ Phone #: _____

Mailing Address: _____

E-Mail Address: _____

Note any changes to original CEH permit application: _____

APPLICATION IS HEREBY MADE to the Village of Sagaponack Building Department for extension of the above referenced CEH permit.

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

Signature: _____
Owner

Notary Public

Date: _____

APPROVAL: _____

Date

Building Inspector