

## VILLAGE OF SAGAPONACK

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

## **BED & BREAKFAST - RENEWAL FORM INSTRUCTIONS**

All Bed and Breakfast permits are valid for one year and expire on December 31<sup>st</sup>.

- 1. If any additional structures have been added to the property, please submit an original survey of the property. The survey or site plan must show parking in compliance with Section 245-59.D.
- 2. If any changes have been made to the floor plans, two sets of the new floor plans drawn to <sup>1</sup>/<sub>4</sub>" scale must be submitted. Label all rooms and designate which rooms will be owner occupied or for guests.
- 3. If the owner has changed, a copy of the new deed must be submitted. The owner will use the dwelling as his/her principal residence and must sign and have notarized the "Affidavit of Residence". Regardless of whether or not the owner has changed, this affidavit must be signed and notarized annually.
- 4. Kitchen facilities comply with 245-59.B & .G. of the Village Code.
- 5. No more than five (5) bedrooms for registered guests.
- 6. Submit fee of \$250.00 along with a completed renewal form **no later than March 15th.**



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## **ANNUAL BED & BREADFAST PERMIT RENEWAL FORM**

Date:			
Business Name:			
SCTM# 908			
I,	as owner of		
	ed on the original permit application for this estab		
I am requesting that the permit issu	ed by the Village of Sagaponack on	for this	
establishment be renewed by the V	illage of Sagaponack in compliance with the Vil	lage of Sagaponack Code	
regulations.			
Business Phone:	Fax Number:		
Business E-mail Address:			
Emergency contact person:			
Phone number:	E-Mail Address:		
	SIGNATURE OF APPLICANT		
The accuracy of the information, plans	, diagrams and other facts submitted in conjunction w	vith the application are the	
responsibility of the applicant. Any fa	lse statement made herein is punishable as a misdeme	eanor, pursuant to Section 210.45 of	
the New York State Penal Law.			
Signature of Applicant	Date:	Date:	
** Renewal Fee: \$25	50.00 - Make checks payable to the Village	of Sagaponack **	
******	*****	*******	
	For Administrative Use Only		
Receipt #			
Permit Number:	Date Issued:		
Building Inspector Signature:	Date:		
Revised 1/3/2024			