



VILLAGE OF SAGAPONACK

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

BUILDING PERMIT EXTENSION REQUEST

Instructions:

1. This extension request must be completed in every aspect, signed and notarized.
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.

Building Permit #: _____ SCTM #: _____
 1st Extension Request _____ 2nd Extension Request _____ Other _____
 Cost _____

Location of Property: _____

Owner of Property:

Name: _____ Phone #: _____
 Mailing Address: _____ E-Mail Address: _____

Has Original contractor changed?

- NO _____ Provide proof of your most up-to-date General Liability Insurance, Workers' Compensation Insurance, and Southampton Town Contractor's License.
 YES _____ Complete the following:

Contractor/Agent responsible for construction:

Name: _____ Phone #: _____
 Mailing Address: _____ E-Mail Address: _____

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

Sworn to before me this _____ day of _____, 20____ Signature: _____
 Owner, Agent, Contractor

Notary Public _____ Date: _____

APPROVAL: _____
 Date Building Inspector