

**VILLAGE OF SAG HARBOR****BUILDING DEPARTMENT**

55 MAIN ST., PO BOX 660
SAG HARBOR, N.Y. 11963
631-725-0224
631-725-4852 FAX
BUILDINGDEPT@SAGHARBOR.NY.GOV

RECEIVED _____
PERMIT No. _____
PERMIT FEE _____
FEE PAID _____
FEE DUE _____
DATE ISSUED ____/____/____

BUILDING PERMIT APPLICATION

*** ALL QUESTIONS MUST BE ANSWERED ***

THIS IS A(N): ☐ NEW PERMIT ☐ AMENDMENT TO AN EXISTING PERMIT No. _____

TAX MAP NUMBER: _____ - _____ - _____ - _____ PROPERTY LOCATION: _____
DISTRICT SECTION BLOCK LOT LEGAL STREET ADDRESS AND NUMBER

PROPERTY OWNER: _____

APPLICANT: _____

MAILING ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

PHONE: _____

EMAIL: _____

APPLICANT IS: ☐ OWNER ☐ LESSEE ☐ AGENT ☐ ARCHITECT ☐ BUILDER ☐ OTHER: _____

IF OWNER OR APPLICANT IS A CORPORATION or LLC, FURNISH NAMES OF MANAGING OFFICERS or MEMBERS:

CORPORATE/LLC PROPERTY OWNER NAME

CORPORATE/LLC APPLICANT NAME

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CONTRACTOR RESPONSIBLE FOR CONSTRUCTION:

NAME: _____

CONTRACTORS LICENSE NO: _____

PHONE: _____

ISSUED BY: ☐ SOUTHAMPTON ☐ EAST HAMPTON ☐ SUFFOLK

E-MAIL: _____

THIS PERMIT IS TO: ☐ BUILD A NEW STRUCTURE

☐ MAKE CHANGES TO AN EXISTING STRUCTURE

THIS PERMIT IS FOR: ☐ PROPOSED WORK

☐ WORK ALREADY PERFORMED

WHAT IS THE ESTIMATED COST OF CONSTRUCTION? \$ _____

CURRENT No. OF BEDROOMS: _____

PROPOSED No. OF BEDROOMS: _____

CURRENT No. OF FULL BATHROOMS: _____

PROPOSED No. OF FULL BATHROOMS: _____

CURRENT No. OF HALF BATHROOMS: _____

PROPOSED No. OF HALF BATHROOMS: _____

IS THIS PARCEL IN THE HISTORIC DISTRICT OR DESIGNATED AS A LANDMARK? ☐ YES ☐ NO

FLOOD ZONE: ☐ X ☐ V ☐ AE ☐ N/A

ZONING DISTRICT: ☐ R-20 ☐ VB ☐ WF ☐ OD ☐ RM

IS THIS PARCEL IN THE TIDAL OVERLAY DISTRICT? ☐ YES ☐ NO

Briefly describe the scope of the project: _____

STATE OF NEW YORK } ss.:

COUNTY OF _____ }

_____ being duly sworn deposes and says that he/she is the owner or agent for the owner and is duly authorized to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

SIGNATURE OF APPLICANT

Sworn to before me this _____ day of _____ 20____

Notary Public _____ County

APPROVED: _____

BUILDING INSPECTOR