**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@SAGHARBORNY.GOV

**RECEIVED** ___ _____
**PERMIT No.** _____
**PERMIT FEE** _____
**FEE PAID** _____
**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: _____ - _____ - _____ - _____ (DISTRICT / SECTION / BLOCK / LOT) PROPERTY LOCATION: _____ (LEGAL STREET ADDRESS AND NUMBER)

PROPERTY OWNER:_____ APPLICANT:_____

**MAILING** ADDRESS:_____ **MAILING** ADDRESS:_____

_____ _____

PHONE:_____ PHONE:_____

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

NAME: _____

ADDRESS: _____

CORPORATE/LLC APPLICANT NAME

NAME: _____

ADDRESS: _____

**CONTRACTOR RESPONSIBLE FOR CONSTRUCTION:**

NAME: _____ CONTRACTORS LICENSE NO:_____

PHONE: _____ ISSUED BY: ☐ SOUTHAMPTON ☐ EAST HAMPTON ☐ SUFFOLK

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? $_____ (COST DOES NOT AFFECT THE PERMIT FEE)

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 is the applicant above named, he is the _____ for the owner or owners, 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