



**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? \$ \_\_\_\_\_ (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/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: \_\_\_\_\_  
 Thomas Preiato      BUILDING INSPECTOR