86 Main Street East Hampton, New York 11937-2730

JERRY LARSEN, Mayor

**Application Fee:** 



Phone 631.324.4150 Fax 631.324.4189 www.easthamptonvillage.org

#### **VILLAGE OF EAST HAMPTON**

Office of

#### **Design Review Board**

### APPLICATION for MISCELLANEOUS/MINOR WORK

Chapter 121

This application form applies to minor changes to a commercial building, such as painting building or changing colors, minor alterations, installation of a window or door, minor changes to accessory improvements, etc.

| □ \$200 – Prior to Commencement of Work                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| □ \$400 – Work has Already Commenced                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| One original and 10 copies of this application and all its parts shall be completed in ink or type written in clear form and submitted to the Village of East Hampton. Illegible documents or incomplete submissions will be returned. Include application fee, 11 sets of plans, 11 original prints of survey, photographs, renderings, supporting materials and one sample (material samples, color chips, etc.). |  |  |  |
| Property Address:                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| Suffolk County Tax Map Number: 301                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Business Name:                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| Property Owner or Applicant Contact Information                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Representative, if other than Property Owner or Applicant                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |

| PROVIDE A DETAILED LIST AND DESCRIBE ALL PROPOSED CHANGES OR BUILDING MODIFICATIONS. LIST SPECIFICATIONS FOR COLOR, MATERIALS, AND ANY SPECIFIC ARCHITECTURAL OR SITE DETAILS (attach additional sheets or construction protocol, if necessary): |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                  |  |  |
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|                                                                                                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                  |  |  |

| THIS SECTION IS FOR OFFICIAL USE ONLY               |   |  |
|-----------------------------------------------------|---|--|
| Receipt Number:                                     | _ |  |
| Fee Received:                                       | _ |  |
| <b>Application Disposition</b>                      |   |  |
| Date of Approval:                                   | _ |  |
| Plans Approved:                                     |   |  |
|                                                     |   |  |
| Special Conditions:                                 |   |  |
|                                                     |   |  |
| Date of Denial:                                     |   |  |
| Reason for Denial:                                  |   |  |
|                                                     |   |  |
|                                                     |   |  |
| Chain/Nias Chain Signature                          |   |  |
| Chair/Vice Chair Signature Date Design Review Board | ε |  |
|                                                     |   |  |
|                                                     |   |  |

## **Incorporated Village of East Hampton**

## Design Review Board

| STATE OF NEW YORK)                                                                                                                                                                                                                                         |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| ss:<br>COUNTY OF SUFFOLK)                                                                                                                                                                                                                                  |                                                                                                      |
| she is the owner or an agent authorized by the owner of made in this application are true to the best of his or her stated to be alleged or information and belief and as to t I hereby consent to inspection of the project site by Vill representatives. | knowledge and belief, except as to matters hereighte matters he or she believes the same to be true. |
|                                                                                                                                                                                                                                                            | Signature                                                                                            |
|                                                                                                                                                                                                                                                            | Signature                                                                                            |
|                                                                                                                                                                                                                                                            | If Corporation, name of corporation & Officers Title                                                 |
| Sworn to before me this date of                                                                                                                                                                                                                            | , 20                                                                                                 |
| Notary Public                                                                                                                                                                                                                                              |                                                                                                      |

#### **Disclosure of Interest Statement**

| State of | f New York)                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| County   | ss: v of Suffolk)                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
|          | , being by me duly                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| sworn,   | disposes and says:                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| 1.<br>2. | I am interested in an application for approval of a variance, special permit or subdivision approval from the Incorporated Village of East Hampton.  I reside at:                                                                                                                                                                                                          |  |  |  |  |
| 3.       |                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| 4.       | If applicant or owner is a corporation, list officers:  PresidentVice President                                                                                                                                                                                                                                                                                            |  |  |  |  |
| _        | SecretaryTreasurer                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| 5.       | <ul><li>5. Do any of the following individuals have an interest, as defined below, in the owner or applicant:</li><li>a. Any officer or employee of New York State or</li><li>b. Any officer or employee of the Village of East Hampton, Town of East Hampton or County of Suffolk.</li></ul>                                                                              |  |  |  |  |
|          | For the purpose of this disclosure, an officer or employee shall be deemed to have an interest in the owner or applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:                                                                                                                                  |  |  |  |  |
|          | <ul> <li>a. Is the applicant or owner, or</li> <li>b. Is an officer, director, partner, or employee of the applicant or owner, or</li> </ul>                                                                                                                                                                                                                               |  |  |  |  |
|          | <ul> <li>c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or</li> <li>d. Is a party to an agreement with such an applicant or owner, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered dependent or contingent upon the favorable approval of such application.</li> </ul> |  |  |  |  |
|          | ( ) YES ( ) NO                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
|          | If yes, state the name, address, nature and extent of the interest of such individual.                                                                                                                                                                                                                                                                                     |  |  |  |  |
|          | on who knowingly and intentionally fails or make such disclosure shall be guilty of a misdemeanor yided for in General Municipal Law, Section 809.                                                                                                                                                                                                                         |  |  |  |  |
|          | Signature of Owner                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| If owne  | er is a Corporation, indicate name of corporation and officer's title:                                                                                                                                                                                                                                                                                                     |  |  |  |  |
| Name o   | of Corporation:                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| Title of | f Officer:                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
|          | Sworn to before me this day of, 20                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
|          | Notary Public                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |

### **Incorporated Village of East Hampton**

# OWNERS ENDORSEMENT TO BE COMPLETED BY THE PROPERTY OWNER IF APPLICATION IS SUBMITTED BY ANYONE OTHER THAN OWNER

| STATE OF NEW YORK)                                                                               |                                                                 |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| ss:<br>COUNTY OF SUFFOLK)                                                                        |                                                                 |
|                                                                                                  | , being duly sworn, deposes and says:                           |
| I                                                                                                |                                                                 |
| reside at                                                                                        |                                                                 |
| In the County of                                                                                 | and the State of                                                |
|                                                                                                  | , And I am the (owner if fee) (officer of the                   |
| Corporation which is the owner in fee) of the pr                                                 | remises described in the foregoing application and that I       |
| have authorized                                                                                  | to make                                                         |
| the forgoing application as described herein. I hemployees and authorized Village representative | hereby consent to inspection of the project site by Village es. |
| SIGNATURE                                                                                        |                                                                 |
| SIGNATURE                                                                                        |                                                                 |
| IF CORPORATION – NAME OF CORPORAT                                                                | TION                                                            |
| OFFICERS TITLE                                                                                   |                                                                 |
| Sworn before me thisday of                                                                       | , 20                                                            |
| Notary Public                                                                                    |                                                                 |