

Incorporated Village of East Hampton

Application for Building Permit

631-324-4150

www.easthamptonvillage.org

Permit Number: _____ Receipt Number: _____

Date Issued: _____ [] Approved [] Approved with Conditions

Estimated cost of work proposed:\$ _____ Permit Fee:\$ _____

Conditions: _____

Additional work: _____

Code Enforcement Officer: _____

Code Enforcement Officer: _____

Please Do Not Write Above This Line

A. Property Owner as indicated on tax roll: _____

Legal address: _____

SCTM# (301) - (____) - (____) - (____)

Mailing address: _____

Telephone: _____

Email: _____ Cell Phone: _____

B. Name of Applicant: _____

Relationship: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

C. Describe in detail the work proposed: _____

D. Is the property in a designated Historic District? No Yes

E. For what purpose is the proposed structure to be used _____

F. Estimated cost of construction: _____

Additional work cost: _____

G.Name of Architect: _____

New York State License #: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

H.Name of Engineer: _____

New York State License #: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

I.Name of Contractor: _____

East Hampton Town Home Improvement License #: _____ Expiration: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

J.Name of Electrician: _____

Suffolk County License #: _____ Expiration: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

K.Name of Plumber: _____ Expiration: _____

Suffolk County License #: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

L.Name of HVAC Contractor: _____ Expiration: _____

Suffolk County License #: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

M. Name of Pool Contractor: _____

Suffolk County License #H26 _____ Expiration: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

N. Name of Mason: _____

East Hampton Town License #: _____ Expiration: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

O. For all pre-fabricated fireplaces (including decorative heating appliances):

Make and Model of Fireplace or Appliance: _____

Name of Installer: _____

East Hampton Town Home Improvement License #: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

Notice of utilization of truss construction, pre-engineered wood construction and or timber construction

Please check all that apply

New residential structure

Addition to existing residential structure

Rehabilitation to an existing structure

To be constructed or performed at the above location

Truss type construction (TT)

Pre-engineered wood construction (PW)

Timber construction (TC)

In the following locations

Floor framing including girders and beams (F)

Roof Framing (R)

Floor and roof framing (FR)

STATE OF NEW YORK)

ss:

COUNTY OF SUFFOLK)

I, _____, being duly sworn, do hereby depose, certify and state that I am the owner or a duly authorized agent for the owner of the property described herein, am duly authorized to make and file this application, am duly authorized to perform the work proposed herein,

Dated _____ 20 _____

Sworn to before me this _____

Day of _____, 20 _____

Owner or Architect, Builder or Other Authorized Agent

(Notary Public)

Revised 8/4/2023