

Inc. Village of East Hampton
86 Main Street, East Hampton, NY 11937-2730
Telephone 631-324-4150
Fax 631-324-4189
www.easthamptonvillage.org

Application for Awning Permit

Fee: \$150
Receipt # _____

Pursuant to the provisions of Sections 278-1.A. and 278-4.G. of the Zoning Ordinance and Chapter 121 of the Code of the Incorporated Village of East Hampton.

Date _____

Business Owner _____

Business Name _____

Location of Business _____

Mailing Address _____

Telephone Number _____

Suffolk County Tax Map #301- _____

Awning Company _____

Awning Company's Mailing Address _____

Awning Company's Telephone Number _____

Previous Tenant _____

Number of existing awnings to be removed _____

Number of proposed awnings _____

This application will not be considered unless all of the following information is supplied and unless proposed awning(s) meets all criteria as specified by Code:

1. Awning must be made of fire retardant material - certificate of same must be submitted with the application
2. Linear feet of building front: _____
3. Drawing to scale showing: length of awning(s), depth of awning(s), height of awning(s), valance size(s), location(s) on building, length of valance
4. Submit a photograph(s) of the building and a sketch, drawn to scale, showing where the awning(s) will be located
5. Color swatch of awning must be submitted with application
6. Awning graphics shall be a single line of lettering applied directly to the awning fabric and shall be only the name of the enterprise or premises.
If lettering appears on awning(s), answer following questions:
 - a. Square footage of area to be lettered: _____
 - b. Type of lettering: _____
 - c. Color of lettering (submit sample): _____
7. Awning must be at least 7' 6" above sidewalk or grade
8. Letter of property owner's authorization attached if application submitted by an agent

In consideration of the granting of the permit requested, the applicant agrees to comply with all rules and regulations of the State Building Code and the Zoning Ordinance of the Village of East Hampton and with every other provision of law relating to the erection or alteration of said awning(s).

Applicant's Name (Please print)

Applicant's Signature

Mailing Address

Telephone Number

Disposition:

Approved () Date _____

Condition(s) _____

Denied () Date _____

Reason(s) _____

Chairman/Vice Chairman
Design Review Board

Code Enforcement Officer's Approval () Date _____
() Inspection Date

Signature _____