Village of East Hampton

88 Newtown Lane East Hampton, New York 11937 631-324-4150

www.easthamptonvillage.org

Limited Work Permit

SCTM #301	Permit #:
Property Address:	
SCHD Permit Number	Cost of Work: \$
1-Owner:	*
Mailing Address:	
Phone Number	Cell Number:
Email:	_
2-Applicant:	
Address:	
Phone Number:	Cell Number:
Email:	
	an Authorization Letter. If the owner is an LLC or Trus
3-Contractor performing the work:	
	License #:
Address:	
	Cell Number:
Email:	
4-Architect or Engineer:	
Contact:	License #:
Address:	
	Cell Number:

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East Hampton, New York 11937
631-324-4150

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Limited Work Permit

5-Electrician:	
Contact:	
Address:	
Phone Number:	Cell Number:
Email:	
6-Description of Proposed Work:	
STATE OF NEW YORK)	
county of suffolk)	
and state that I am the owner or a d	, being duly sworn, do hereby depose, certify uly authorized agent for the owner of the authorized to make and file this application, work proposed herein.
,,	, and proposed mercini
Dated20	
	Owner or Authorized Agent
Sworn to me this Day	
of, 20	
Notary Public	Code Enforcement Officer Date