



**OCCUPANCY / USE PERMIT APPLICATION**  
**NO ALTERATIONS TO BUILDING & NO CHANGE OF OCCUPANCY CLASSIFICATION**

This worksheet is presented as a guide for preparation of a complete occupancy / use permit application.  
 Please include all of the documents and items required for the proposed occupancy /use.  
 Additional information is available at the Village website at [www.westhamptonbeach.org](http://www.westhamptonbeach.org)

**Application Requirements:**

|    |                                    |   |       |
|----|------------------------------------|---|-------|
| 1. | Occupancy / Use Permit Application | Page 2; Detailed project description must include previous use of space.<br>Example: First floor office space for John Q Financial Advisor, was previously Attorney's Office (office to office) | Y / N |
| 2. | Owner's Authorization              | Page 3; Property / Building Owner (not the lessee / business proprietor)  | Y / N |
| 3. | Floor plans (2 copies)             | Floor Plans drawn to scale, describing rooms and detailing the fixtures for the building / space  | Y / N |
| 4. | Current Survey (2 copies)          | One survey of the property, with the subject space / unit identified  | Y / N |
| 5. | Business Registration              | Page 4; Fire Marshal requires contact and business information for all commercial properties in accordance with NYS Law   | Y / N |
| 6. | Fee                                | Flat \$100; Associated Signage & Building Permit fees not included  | Y / N |

**THIS PERMIT APPLICATION IS NOT A CERTIFICATE OF  
 OCCUPANCY / COMPLIANCE**

Space shall not be used or occupied until inspections from the Building Inspector and /or Fire Marshal have been satisfactorily performed and a Certificate of Compliance for the use has been issued to you

**\*\*\*\*\* If Any Alterations are Found to Have Been Performed to This Space / Unit / Structure, A Separate Building Permit Application and Fee Will Be Required. \*\*\*\*\***



**Incorporated Village of Westhampton Beach**  
 Department of Building & Zoning  
 165 Mill Rd, Westhampton Beach, NY 11978  
**OCCUPANCY / USE PERMIT APPLICATION**



**PART I: Location Information – Please print below**

Property Location: \_\_\_\_\_ SCTM# 905-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Unit / Suite (if applicable): \_\_\_\_\_

Previous Occupancy / Use: \_\_\_\_\_

**PART II: Property Owner Information – Please print below**

Owner(s) of Record : \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address of Owner(s): \_\_\_\_\_

City State Zip Code

**PART III: Operator Information (Party responsible for occupancy / use / business) – Please print below**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip Code

**PART IV: Proposed Occupancy / Use Details – Please print below**

Proposed occupancy / use / business description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Proposed Name of Business:** \_\_\_\_\_

**Proposed Signage:** \_\_\_Yes \_\_\_No If yes, separate sign permit(s) & associated fees will be required

**Proposed Alterations for Occupancy:** \_\_\_Yes \_\_\_No If yes, separate building permit & associated fees will be required

**PART V: Notary Public – Please type or print below**

APPLICATION IS HEREBY MADE FOR ISSUANCE OF A OCCUPANCY / USE PERMIT pursuant to the Code of the Village of Westhampton Beach and the Building Code of the State of New York, and all amendments thereto, for the work as described herein

STATE OF NEW YORK, COUNTY OF SUFFOLK) ss: (Print Name of Applicant) \_\_\_\_\_  
 being duly sworn deposes and says that he/she is the applicant above named.

He/She is the (Owner or Agent: Contractor, Officer, RA, PE, etc) \_\_\_\_\_ of said owner or owners, and is duly authorized to perform or have performed the said work, as described in the attached plans and specifications, and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief; and that the work will be performed in the manner set forth in this application, plans and specifications filed herewith.

Sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Notary Public



**OWNER’S AUTHORIZATION**

STATE OF \_\_\_\_\_ )  
 ) ss.:  
 COUNTY OF \_\_\_\_\_ )

I, (owner) \_\_\_\_\_

Residing at: \_\_\_\_\_

Being the owner of premises (Property Location) \_\_\_\_\_

Also known as Suffolk County Tax Map Number (SCTM #:) \_\_\_\_\_

Hereby authorize (Agent) \_\_\_\_\_

Whose mailing address is (Agent Address) \_\_\_\_\_

To act on my behalf for purposes of application and interfacing with the Building Department for (Description of Proposed Work)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Of the Village of Westhampton Beach, and to received and/or file any documents required with reference to my application for  
 (Owner) \_\_\_\_\_

I hereby agree to allow my agent, whose name appears above, to act on my behalf and I further agree to abide by any requirements imposed by this Board as a condition of their approval.

\_\_\_\_\_  
 Owner Signature

Sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Notary Public



**Incorporated Village of Westhampton Beach**

DEPARTMENT OF BUILDING AND ZONING

165 Mill Road, Westhampton Beach, New York 11978

(631) 288-3478 – Fax (631) 288-4332



**CERTIFICATE OF BUSINESS REGISTRATION**

Tax Map # 905 -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business/DBA Name: \_\_\_\_\_

Physical Location: \_\_\_\_\_, Westhampton Beach

Business Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Alternate Emergency Number: \_\_\_\_\_

Description of activities: \_\_\_\_\_

Hazardous Materials at Location: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person/Agent in Charge of Premises: \_\_\_\_\_

Mailing Address of Agent: \_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Any false statement made herein is punishable as a misdemeanor pursuant to §201.45 NYS Penal Law.**

Signature of registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

| For office use |   | Date Received     |   |                                   |
|----------------|---|-------------------|---|-----------------------------------|
| Alarm          | <input type="checkbox"/> Y <input type="checkbox"/> N | Operating Permit  | <input type="checkbox"/> Y <input type="checkbox"/> N | Construction Type _____           |
| Sprinkler      | <input type="checkbox"/> Y <input type="checkbox"/> N | Hazardous Storage | <input type="checkbox"/> Y <input type="checkbox"/> N | Occupancy _____                   |
| H & D          | <input type="checkbox"/> Y <input type="checkbox"/> N | Multifamily       | <input type="checkbox"/> Y <input type="checkbox"/> N | Other _____                       |
| Key Box        | <input type="checkbox"/> Y <input type="checkbox"/> N | Assembly          | <input type="checkbox"/> Y <input type="checkbox"/> N | Posted Assembly Occupancy # _____ |