



TOWN OF EAST HAMPTON BUILDING DEPARTMENT

Building Department
Town of East Hampton
300 Pantigo Place, Suite 104
East Hampton, NY 11937
Phone: 631-324-4145

BUILDING PERMIT APPLICATION INSTRUCTIONS

This application must be fully completed (by typewriter or in ink) and all of its requirements complied with. Completed application in full and submit to the Building Department for processing weekdays between 8:30 A.M - 3:30 P.M. **Questions concerning the completion of this application should be so directed to the Inspectors Between 1:30 PM and 3:30PM in person or by phone 8:30 AM - 10 :00AM or 1:30 PM – 3:30 PM.** This completed application must be accompanied by the following:

1. **Survey:** A guaranteed survey giving a detailed layout of the lot or parcel drawn to scale clearly showing:
..CLEARING CALCULATIONS & LOT COVERAGE ON ALL SURVEYS" c
 - A. All property lines with directional bearings and distances, the property's relationship to adjoining premises and public streets: c
 - B. The location of all existing and proposed buildings, structures and uses, with setback dimensions from property lines, existing and proposed driveways and parking areas, sewerage disposal systems; and c
 - C. Suffolk County Department of Health Services approval, if needed. c
2. **Stamp Plans:** Two (2) complete set of Residential plans and specifications for all proposed construction in conformance with the New York State Uniform Fire Prevention and Building Code and all other applicable regulations. This set will be kept in the Building Department files. Applicant will receive one (1) duplicate set of plans back stamped to be kept on the site during the course of construction. Plans shall describe the nature of the work to be performed and shall clearly indicate the materials to be used, the equipment to be installed and shall give details of all electrical, mechanical, plumbing and structural installations and square footage. c
Stamp Commercial Plans: Three (3) complete set of plans and specifications with square. Footage. c
3. **Workers Comp. Insurance:** A Certificate of Workers Compensation with the Town of East Hampton as Certificate Holder, must be attached to every application for General Contractor c
4. **Fee:** Computed by Building Inspector, When Contacted you can Send Money Orders, Checks or Bank Checks Only. NO CASH WILL BE ACCEPTED.
5. **Renewals:** Building Permits can only be Renewed Twice. §102-9 A & B c
6. **APPROVALS FROM OTHER DEPARTMENTS ZBA, ARB, URP, ECT. ATTACHED:** c
7. **FLASH DRIVE WITH FULL SET OF ORIGINAL STAMP ARCHITECT/ENGINEER PLANS:** c

Upon approval of this application and payment of appropriate fee, the Building Inspector will issue a Building Permit, and the Building Permit Card must be prominently posted on the premises.

NOTES:

- THE BUILDING INSPECTOR MAY, AT THEIR OWN DISCRETION, REQUIRE THE SUBMISSION OF ADDITIONAL PLANS, SPECIFICATIONS OR DATA, AS PROVIDED FOR IN THE TOWN CODE. REQUIRED TO HAVE SQUARE FOOTAGE DEPICTED ON STAMP PLANS.
- THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A BUILDING PERMIT.
- FINAL INSPECTION IS SCHEDULED BY HAMLET AND DONE WEEKLY, PLEASE PLAN AHEAD FOR FINAL INSPECTION WITH A WEEK NOTICE MINIMUM.
- FINAL PAPER WORK MUST BE SUBMITTED PRIOR TO FINAL INSPECTION, SUCH AS FINAL SURVEY, ELECTRICAL UNDERWRITERS AND ANY OTHER DEPT. APPROVALS REQUIRED IN ADVANCE OF INSPECTION.

NO CASH ACCEPTED FOR PAYMENT

**NOTARIZE APPLICATION WHERE REQUIRED
TOWN OF EAST HAMPTON
BUILDING DEPARTMENT**

APPLICATION FOR BUILDING PERMIT

NOTE: DO NOT WRITE IN THIS BOX. THE FOLLOWING WILL BE COMPLETED BY THE BUILDING INSPECTOR:

BUILDING PERMIT NO.: _____

Estimated Cost of Improvements: _____ Zone: _____

Fee Schedule: _____

Fees: _____ = _____
(Building Permit) (Certificate of Occupancy) (Total)

I. APPLICANT INFORMATION:

A. Signature of Applicant: _____ Date: _____

Applicant is (check one): Owner Lessee Agent Architect Builder
 Engineer General Contractor Electrician Plumber

Mailing Address of Applicant: _____

Telephone: _____ Facsimile: _____

E-MAIL ADDRESS: _____

B. Owner of Premises as indicated on Tax Roll (if Corporation, state name and address of Principals): _____

Mailing Address of Owner: _____

Telephone: _____ Facsimile: _____

C. All Sub-Contractors performing work, defined as a Home Improvement pursuant to the East Hampton Town Code, under a Building Permit issued in the name of the property owner, must possess a valid town of East Hampton Home Improvement Contractors License.

Name of Contractor or Builder: _____

East Hampton Town Contractor's License No. _____

Mailing Address of Contractor _____

Telephone: _____ Facsimile: _____

D. BUILDING PERMIT TO BE SENT TO: (please check one) A B C
IMPORTANT: Make sure the complete mailing address is filled out

II. PROPERTY IDENTIFICATION AND LOCATION:

A. Suffolk County Tax Map Number: 300- _____

B. Map No. _____ Block No. _____ Lot No. _____

C. Street, House Number & Hamlet: _____

III. PROJECT INFORMATION:

A. Name of Architect: _____
Address: _____
Telephone: _____ Facsimile: _____

B. Name of Mason: _____
Address: _____
Telephone: _____ Facsimile: _____

C. Name of Plumber: _____
Address: _____
Telephone: _____ Facsimile: _____

D. Name of Electrician: _____
Address: _____
Telephone: _____ Facsimile: _____

IV. PROJECT DESCRIPTION:

A. Nature of work for which Building Permit is requested: **Required** (fill in square footage)

AREA OF CONSTRUCTION COMMERCIAL

1ST FLOOR _____ SQ. FT. FINISHED BASEMENT _____ SQ. FT.
MEZZANINE _____ SQ. FT. ADDITIONS _____ SQ. FT.
1ST OR 2ND FLOOR INTERIOR ALTERATIONS _____ SQ. FT.
1ST FLOOR PORCH _____ SQ. FT. 1ST FLOOR DECK _____ SQ. FT.
2ND FLOOR PORCH _____ SQ. FT. 2ND FLOOR DECK _____ SQ. FT.
ACCESSORY STRUCTURES _____ SQ. FT.

B. Nature of work for which Building Permit is requested (fill in items):

AREA OF CONSTRUCTION RESIDENTIAL

1ST FLOOR NEW _____ SQ. FT. FINISHED BASEMENT _____ SQ. FT.
2ND FLOOR NEW _____ SQ. FT. MEZZANINE _____ SQ. FT.
1ST FLOOR ADDITION _____ SQ. FT. 2ND FLOOR ADDITION _____ SQ. FT.
1ST OR 2ND FLOOR INTERIOR ALTERATIONS _____ SQ. FT.
1ST FLOOR PORCH _____ SQ. FT. 1ST FLOOR DECK _____ SQ. FT.
2ND FLOOR PORCH _____ SQ. FT. 2ND FLOOR DECK _____ SQ. FT.
1ST FLOOR ATTACHED GARAGE _____ SQ. FT. 2ND FLOOR ATTACHED GARAGE _____ SQ. FT.
1ST & 2ND FLOOR DETACHED GARAGE MAX OF 600 SQ. FT. _____
ACCESSORY BUILDING/SHED AT MAX 600 SQ. FT. _____
GUNITE /VINYL SWIMMING POOL _____ SQ. FT.
SPA/HOT TUB _____ SQ. FT. PATIO _____ SQ. FT.
POOLHOUSE 200 SQ. FT. MAXIMUM _____ DEMOLITIONS _____ SQ. FT.
OTHER _____ **SQ. FT.**

FIREPLACES:

THIS PART OF THE APPLICATION MUST BE COMPLETED IF A FIREPLACE IS GOING TO BE INSTALLED IN THE STRUCTURE, AND THE FIREPLACE WILL REQUIRE SEPARATE INSPECTIONS, TO WIT:

A. Masonry Fireplace

- 1) Masonry fireplaces will require an inspection of the firebox and damper
- 2) An inspection of the chimney before it is capped

B. Pre-fab Fireplaces and Chimneys

- 1) Pre-fab fireplaces will require an inspection when both the fireplace and chimney are installed before the closing of the chase

MASONRY FIREPLACES:

Name of Mason: _____

Address: _____

Telephone: _____ Facsimile: _____

PRE-FAB FIREPLACES:

Make and Model of Fireplace: _____

Name of Installer: _____

Address: _____

Telephone: _____ Facsimile: _____

**AFFIDAVIT OF GENERAL CONTRACTOR
PROOF OF WORKERS' COMPENSATION INSURANCE**

Suffolk County Tax Map No.: _____

_____, as General Contractor at the above-referenced parcel, does hereby acknowledge the requirement for Workers' Compensation, and will maintain said policy during the course of construction under this Building Permit or renewals thereof.

The Building Permit will become null and void if coverage of said policy is terminated for any reason.

(General Contractor)

Sworn to before me this _____

Day of _____, _____.

(Notary Public)

**AFFIDAVIT OF EXEMPTION TO SHOW SPECIFIC PROOF OF WORKERS'
COMPENSATION INSURANCE COVERAGE FOR A 1, 2, 3 OR 4 FAMILY,
OWNER-OCCUPIED RESIDENCE**

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit **AND** am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the job site) for which the building permit was issued.

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the job site) for work indicated on the building permit; OR
- have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the job site) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

(Home Telephone Number)

Property Address that requires the building permit:

Sworn to before me this _____
day of _____.

(County Clerk or Notary Public)

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit, pursuant to the New York State Uniform Fire Prevention and Building code, the Zoning Code of the Town of East Hampton, and all other Laws, Ordinances, Rules and Regulations governing the action for which the Permit is sought, including, but not limited to, the construction of buildings or structures (including addition, alteration, demolition, erection, moving or razing thereof), the clearing of land, the installation of mobile homes or the conversion of existing building, all as set forth in the Town Code. Applicant agrees to comply with all the applicable Laws, Ordinances and Regulation. Applicant also agrees to contact this Office to arrange for all necessary inspections pursuant to this Building Permit.

No building shall be occupied or used, whole or in part, for any purpose whatever, until a Certificate of Occupancy shall have been granted by the Building Inspector.

The Building Inspector is authorized to enter the premises covered by a Building Permit during the course of construction to ascertain compliance with zoning and other building laws, regulations and ordinances.

The electrical work must be inspected by, and a Certificate of Approval obtained from an authorized agency approved by the town of East Hampton.

STATE OF NEW YORK)

ss.:

COUNTY OF SUFFOLK)

_____ being
duly sworn, deposes and says that (s)he is the _____
of said owner or owners, and is duly authorized to perform the proposed work and to make and file this application, (s)he has read the notices contained in this application and understands the same and agrees to abide thereby; that all the statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specifications filed herewith.

(Signature of Applicant)

Sworn to before me this _____
day of _____, _____.

(County Clerk or Notary Public)

NOTE: CALL THIS OFFICE @ 631-324-4145 FOR ALL REQUIRED INSPECTIONS

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

TOWN OF EAST HAMPTON BUILDING DEPARTMENT

OWNER OF PROPERTY: _____

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(check each applicable line):

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

CAPACITY (Check One): Owner Owner's Representative



**BUILDING DEPARTMENT
TOWN OF EAST HAMPTON**

300 Pantigo Place - Suite 104
East Hampton, New York 11937

BUILDING INSPECTOR'S OFFICE

**PHONE (631) 324-4145
FAX: (631) 329-3739**

AGENT LETTER

I, _____ BEING DULY SWORN, DEPOSE AND SAY THAT I AM
THE OWNER OF THE PREMISES LOCATED AT: _____

S.C.T.M. # _____

AND I AM DESIGNATING: _____

TO REPRESENT AND ACT ON MY BEHALF AS MY AGENT, AND TO FILE THE
NECESSARY DOCUMENTS TO OBTAIN A BUILDING PERMIT (S).

OWNER

SWORN TO BEFORE ME THIS _____

DAY OF _____, 20 _____

NOTARY SIGNATURE & STAMP



BUILDING DEPARTMENT
TOWN OF EAST HAMPTON
 300 Pantigo Place, Suite 104
 East Hampton, New York 11937
 Phone (631) 324-4145 Fax (631) 329-5739

Affidavit of Energy Compliance, 3rd Party Testing

STATE OF NEW YORK)
 COUNTY OF SUFFOLK)

SS:

I _____, being duly sworn and depose, state that the undersigned company
 (BP/Herz Certified Tester)
 has been hired to perform the required testing and documentation of energy compliance, as defined within the 2015 IRC and 2016
 NYS Uniform Code Supplements, for the addition(s)/alteration(s)/conversion(s) to be constructed at;

Property Address _____, Hamlet _____

Owners Name (printed) _____, Initial's _____

Tax Map Number _____

Please be informed;

- ___ I have reviewed the plans for construction.
- ___ I will oversee insulation installation & air sealing measures being performed by contractor.
- ___ I will work with homeowner and contractor until compliance is achieved.

Company Name: _____

Address: _____

Telephone: _____ E-mail: _____

 (signature of Affiant)

Personally appeared before me the above named _____ personally known to me, who being duly sworn,
 deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to
 the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____.

 (Notary Public)