



TOWN OF EAST HAMPTON

300 Pantigo Place – Suite 105
East Hampton, New York 11937-2684

Zoning Board of Appeals

Telephone (631) 324-8816
Fax (631) 324-1472

NATURAL RESOURCES SPECIAL PERMIT/VARIANCE EXTENSION OF TIME APPLICATION

INSTRUCTIONS: Complete this form and submit it to the Zoning Board of Appeals with the required fee. The Board reserves the right to request additional information if necessary to properly evaluate this request. If additional information is required, you will be notified by mail. A \$200.00 application fee, payable to the Town of East Hampton, is required for the first year's extension from the date of expiration with an additional \$100.00 increase for each additional year, maximum of \$1,000.00 per year.

Note: The granting of a time extension by the Zoning Board of Appeals is discretionary. Fees are non-refundable.

APPROVAL INFORMATION:

Original Permit Name: _____

Original Permit Date: _____ Last Permit Extension: _____

Suffolk County Tax Map #: **300**-_____

House # and Street: _____

Hamlet: Amagansett - East Hampton - Montauk - Springs - Wainscott

Current Owner of Record: _____

CONTACT INFORMATION: (Where all correspondence is to be sent)

NAME: _____

ADDRESS: _____

PHONE: (_____) _____ (_____) _____

E-MAIL: _____

ACTIVITIES COMPLETED:

- None
- Other permits (Health Dept., D.E.C., etc) – submit copies (if applicable)
- East Hampton Building Permit issued
- Site preparation (clearing, excavation, etc.)
- Construction initiated
- Construction completed
- Outstanding permit conditions (refer to by condition number) _____

PURPOSE OF EXTENSION:

Maintain valid permit - Initiate construction - Complete construction/satisfy permit conditions - Obtain Certificate of Occupancy

Other (please explain):

AUTHORIZATION

I, the owner, hereby authorize the Planning Department and the Zoning Board to enter the subject parcel to review the pending application for Natural Resources Special Permit/Variance Extension of Time. Town employees are also authorized to enter the premises to ascertain compliance with zoning and other building laws, regulations and ordinances.

(Note – Each person required to sign this statement must have his/her signature separately attested before a Notary Public. Use additional pages if necessary.)

ATTEST:

STATE OF _____)

SS.:

COUNTY OF _____)

_____, being duly sworn, deposes and says that the foregoing Statement of Disclosure of Interest is true and accurate to the best of his/her knowledge and belief; that all statements set forth in Part I of this Statement of Disclosure of Interest are true and accurate, except and to the extent that any contrary statements are set forth in Part II of this Statement; and that any such statements made in Part II of this Statement of Disclosure of Interest are true and accurate to the best of his/her knowledge and belief.

Signature:

Name & Capacity:

Sworn to before me this

_____ day of _____, _____.

NOTARY PUBLIC

