



TOWN OF EAST HAMPTON

Ordinance Enforcement Department

300 Pantigo Place - Suite 111 A

East Hampton, New York 11937

631-324-3858

APPLICATION FOR TEMPORARY STORAGE – MODULAR CARRIERS

1. APPLICANT INFORMATION

- a. Business Name: _____
- b. Principal Owner: _____
- c. Mailing Address: _____
- d. Email Address: _____
- e. Telephone Number: _____
- f. Emergency Contact Number (available 24/7): _____

2. STORAGE DETAILS

- a. Storage Duration
 - i. Arrival Time: _____
 - ii. Beginning Date: _____
 - iii. Ending Date/Date of Removal: _____
- b. Storage Location
 - i. Street Address: _____
 - ii. Suffolk County Tax Map Number: 300-_____
- c. Number of Modular Units Stored: _____
- d. Location of Modular Unit Installation(s)
 - i. Street Address: _____
 - ii. Suffolk County Tax Map Number: 300-_____

3. CONDITIONS OF APPROVAL

- a. Applicant must provide copies of all required East Hampton Town, New York State and Suffolk County permits required for the transportation and installation of modular units.
- b. Applicant must provide a Certificate of Insurance that evidences a public liability insurance policy covering the Town as an additional insured in the minimum amount of \$1,000,000.00 (one million) dollars per occurrence for the duration of the storage period.
- c. There must be a minimum of ten (10) feet distance between modular units.
- d. No portion of any unit shall exceed 150 (one hundred fifty) feet from fire apparatus access.

4. FEES

A fee shall be payable to Town of East Hampton in the amount of \$100.00 (one hundred dollars) per each modular unit for a period up to twelve (12) hours. The fee for storage periods over twelve (12) hours will be \$100.00 (one hundred dollars) for each modular unit per additional twelve (12) hour period.

5. INDEMNIFICATION AGREEMENT

Applicant must provide an Agreement to Indemnify and Hold Harmless to the Town of East Hampton.

6. ADDITIONAL NOTES

All applications and accompanying site plans will be reviewed by the East Hampton Town Police Department, the Highway Department, the Fire Marshal's Office and the Ordinance Enforcement Department for approval.

Applicant Signature and Title

Date

Sworn to me this ____ day of _____, 20____

Notary Public