



**Town of East Hampton
Natural Resources Department**

300 Pantigo Place, Suite 107
East Hampton, NY 11937

Phone: 631-324-0496 Fax: 631-324-1476

Inspection/ Renewal Form

1. Date _____

2. Property Identification and Location

Street, number _____

Suffolk County Tax Map Number (SCTM No.) 300-_____ Hamlet _____

3. Contact Information

a. Name of Owner: _____

Address: _____

Phone Number: _____ email: _____

b. Name of Applicant(agent): (if different from owner): _____

Address: _____

Phone Number: _____ email: _____

4. Reason for Application

Incomplete Re-Vegetation

Change of Re-Vegetation

Invasive species removal inspection

Re-vegetation renewal/extension

Clearing verification

Other

5. Inspection fee

\$225 fee paid

6. Authorization

Signing of this form authorizes the Town to perform initial inspection of the re-vegetation. A final inspection as dated on signoff Memo is also authorized to ensure 60% viability and areas to be left as approved.

Owners Signature: _____

Date: _____

Sworn before me this _____ day of _____ 20____

Notary