



**Town of East Hampton  
Natural Resources Department**

300 Pantigo Place, Suite 107  
East Hampton, NY 11937

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

**Vegetation Compliance Form**

1. Date \_\_\_\_\_

2. Property Identification and Location

Street, number \_\_\_\_\_ Hamlet \_\_\_\_\_

Suffolk County Tax Map Number (SCTM No.) 300- \_\_\_\_\_

3. Contact Information

a. Name of Owner: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

*If Applicant (agent) is not the owner, notarized authorization from owner is required*

4. Reason for Application

Certificate of Occupancy (C/O) (re-vegetation needed for C/O)

Applying for Building Permit (re-vegetation needed for C/O)

Invasive species removal

Other

**TURN OVER TO COMPLETE**

**5. Clearing Type**

Town Code 255-3-75 Harbor Protection Overlay District (HPOD)

Town Code 255-3-65 Water Recharge Overlay District (WROD)

Town Code 255-2-60 Residential District

Scenic Easement

Reserve Area

Invasive Species Management

**6. Property Information**

Land Survey has been submitted showing existing clearing limits

Date surveyed: \_\_\_\_\_

Amount of clearing Permitted in square feet: \_\_\_\_\_

Existing Clearing in square feet: \_\_\_\_\_

Amount over-cleared in square feet: \_\_\_\_\_

Re-Vegetation Plan submitted

Date Submitted: \_\_\_\_\_

Date Approved: \_\_\_\_\_

\$225.00 Filing Fee Paid. (additional \$100.00 per visit if found incomplete.)

**7. 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 Public