



**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: _____

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: _____

\$550.00 Filing Fee Paid. (additional \$225.00 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