

Incorporated Village of East Hampton

Application for Building Permit

631-324-4150

www.easthamptonvillage.org

Permit Number: _____ Receipt Number: _____

Date Issued: _____ [] Approved [] Approved with Conditions

Estimated cost of work proposed:\$ _____ Permit Fee:\$ _____

Conditions: _____

Additional work: _____

Code Enforcement Officer: _____

Code Enforcement Officer: _____

Please Do Not Write Above This Line

A. Property Owner as indicated on tax roll: _____

Legal address: _____

SCTM# (301) - (_____) - (_____) - (_____) - (_____)

Mailing address: _____

Telephone: _____

Email: _____ Cell Phone: _____

B. Name of Applicant: _____

Relationship: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

C. Describe in detail the work proposed: _____

D. Is the property in a designated Historic District? ☐ No ☐ Yes

E. For what purpose is the proposed structure to be used _____

F. Estimated cost of construction: _____

Additional work cost: _____

G.Name of Architect: _____
New York State License #: _____
Contact: _____
Mailing Address: _____
Telephone: _____
Email: _____ Cell Phone: _____

H.Name of Engineer: _____
New York State License #: _____
Contact: _____
Mailing Address: _____
Telephone: _____
Email: _____ Cell Phone: _____

I.Name of Contractor: _____
East Hampton Town Home Improvement License #: _____ Expiration: _____
Contact: _____
Mailing Address: _____
Telephone: _____
Email: _____ Cell Phone: _____

J.Name of Electrician: _____
Suffolk County License #: _____ Expiration: _____
Contact: _____
Mailing Address: _____
Telephone: _____
Email: _____ Cell Phone: _____

K.Name of Plumber: _____ Expiration: _____
Suffolk County License #: _____
Contact: _____
Mailing Address: _____
Telephone: _____
Email: _____ Cell Phone: _____

L.Name of HVAC Contractor: _____ Expiration: _____
Suffolk County License #: _____
Contact: _____
Mailing Address: _____
Telephone: _____

Email: _____ Cell Phone: _____

M. Name of Pool Contractor: _____

Suffolk County License #H26 _____ Expiration: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

N. Name of Mason: _____

East Hampton Town License #: _____ Expiration: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

O. For all pre-fabricated fireplaces (including decorative heating appliances):

Make and Model of Fireplace or Appliance: _____

Name of Installer: _____

East Hampton Town Home Improvement License #: _____

Contact: _____

Mailing Address: _____

Telephone: _____

Email: _____ Cell Phone: _____

Notice of utilization of truss construction, pre-engineered wood construction and or timber construction

Please check all that apply

____ New residential structure

____ Addition to existing residential structure

____ Rehabilitation to an existing structure

To be constructed or performed at the above location

____ Truss type construction (TT)

____ Pre-engineered wood construction (PW)

____ Timber construction (TC)

In the following locations

____ Floor framing including girders and beams (F)

____ Roof Framing (R)

____ Floor and roof framing (FR)

STATE OF NEW YORK)

ss:

COUNTY OF SUFFOLK)

I, _____, being duly sworn, do hereby depose, certify and state that I am the owner or a duly authorized agent for the owner of the property described herein, am duly authorized to make and file this application, am duly authorized to perform the work proposed herein,

Dated _____ 20 _____

Sworn to before me this _____

Day of _____, 20 _____

Owner or Architect, Builder or Other Authorized Agent

(Notary Public)

Revised 8/4/2023