

**BUILDING PERMIT EXTENSION REQUEST**

Village of Sagaponack  
P. O. Box 600, 3175 Montauk Highway  
Sagaponack, NY 11962

**Building Permit #:** \_\_\_\_\_ **SCTM #:** 908-\_\_\_\_\_

**Instructions:**

- 1. This extension request must be completed in every aspect, sign and notarized.
- 2. Copy of current Workman’s Compensation Insurance, Liability insurance and Disability Insurance.

**Location of Property:** \_\_\_\_\_

**Owner of Property:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Has Original contractor changed:** NO \_\_\_\_\_ YES \_\_\_\_\_ (if so, please complete the following)

**Contractor/Agent responsible for construction:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**1<sup>st</sup> Extension Request** \_\_\_\_\_ **2<sup>nd</sup> Extension Request** \_\_\_\_\_

**APPLICATION IS HEREBY MADE to the Village of Sagaponack Building Department for the extension of the existing building permit referenced above.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Owner/Agent – (circle one)**

STATE OF NEW YORK,

COUNTY OF \_\_\_\_\_) ss:

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**