

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: _____

1st Extension Request _____ 2nd Extension Request _____

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

Signature: _____
Owner/Agent – (circle one)

Date: _____