



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. Current Southampton Town Contractor license, Certificate of Workman’s Compensation and Certificate of Liability Insurance naming the Village of Sagaponack as additional insured on the Acord form and endorsement page from the insurance carrier**

Location of Property: _____

Owner of Property:

Name: _____ **Phone #:** _____

Mailing Address: _____

E-Mail Address: _____

Has Original contractor changed:

NO _____ **Please provide your most up-to-date liability insurance, workers comp and SHT contractor’s License.**

YES _____ **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: _____

Date: _____

Owner

STATE OF NEW YORK,

COUNTY OF _____) ss:

Sworn to before me this _____ day of _____, 20____

Notary Public