

# APPLICATION FOR DEMOLITION PERMIT

Village of Sagaponack  
PO Box 600  
Sagaponack, NY 11962  
631-537-0017 631-537-0612 (FAX)

Approval: Architectural & Historic  
Preservation Review Brd  
Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application No: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
Permit No: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

## INSTRUCTIONS

- A. The application form must be completed by typewriter or printed in ink.
- B. Work covered by this application may not be started before permit is issued.
- C. This application must be completed in every respect.
- D. If applicant is not the owner of the property, please include owner's consent form.
- E. Completion of Disclosure Affidavit.
- F. Completion of Authorization and Consent of Inspection of Property.
- G. Written release/approval from any involved financial institution.
- H. Lien Search from Title Company.
- I. Electrical and/or gas disconnect letter from LIPA. Request disconnect by writing to: LIPA/Keyspan, 117 Doctors Path, Electric/Gas Design and Construction Dept., Riverhead, NY 11901.
- J. Wetlands Permit if the property is located in a wetlands or a freshwater wetlands area.
- K. CEH Permit if property is located on the oceanfront
- L. A survey reflecting all structures on the property.
- M. Copies of all certificates of occupancies and/or compliances for all structures on the property.
- N. A photograph of the existing dwelling.
- O. \$650.00 application fee includes AHRB review.

Date of Application: \_\_\_\_\_

Property Street Address: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

State whether applicant is:

OWNER \_\_\_ LESSEE \_\_\_ AGENT \_\_\_ ARCHITECT \_\_\_ BUILDER \_\_\_ OTHER \_\_\_

Owner of property: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant (if different from owner) \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Structure(s) to be removed: \_\_\_\_\_  
\_\_\_\_\_

Existing use of structure: \_\_\_\_\_

Contractor responsible for demolition: \_\_\_\_\_

License No. \_\_\_\_\_ Issued By: \_\_\_\_\_ Worker's Comp # \_\_\_\_\_

Lien Holder/Lending Institution \_\_\_\_\_

Amount of cubic yards to be removed as a result of demolition permit: \_\_\_\_\_

**Application is hereby made to the Building Department for the issuance of a Demolition Permit as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.**

STATE OF NEW YORK,

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

\_\_\_\_\_ being duly sworn deposes and says that he/she is the  
(Name of individual signing application)  
applicant named, he/she is the \_\_\_\_\_ of said owner or owners, and is duly authorized to perform  
(contractor, agent, corporate officer, owner, etc)

or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

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

Notary Public \_\_\_\_\_ County

\_\_\_\_\_  
Signature of Applicant

Approved \_\_\_\_\_



**DISCLOSURE AFFIDAVIT**

STATE OF NEW  
COUNTY OF SUFFOLK

\_\_\_\_\_, being by me duly sworn, deposes and says:

- 1. I am interested in an application for \_\_\_\_\_
- 2. I reside at: \_\_\_\_\_
- 3. The nature of my interest in the aforesaid application is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4. If applicant or owner is a corporation, list officers:  
 President \_\_\_\_\_ Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

- 5. Do any of the following individuals have an interest, as defined below, in the owner or applicant:
  - a. Any New York State or
  - b. Any officer or employee of the Village of Sagaponack, Southampton Town or Suffolk County.

For the purpose of this disclosure, an officer or employee shall be deemed to have an interest in the owner or applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:

- a. Is the applicant or owner, or
- b. Is an officer, director, partner, or employee of the applicant or owner, or
- c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or
- d. Is a party to an agreement with such an applicant or owner, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered dependent or contingent upon the favorable approval of such application.

( ) YES ( ) NO

If yes, state the name, address, nature and extent of the interest of such individual.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A person who knowingly and intentionally fails to make such disclosure shall be guilty of a misdemeanor as provided for in General Municipal Law, Section 809.**

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

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

\_\_\_\_\_  
**Signature of Owner**  
 If owner is a Corporation, indicate name of corporation and officer's title  
 \_\_\_\_\_  
 Name of Corporation  
 \_\_\_\_\_  
 Title of Officer

**AUTHORIZATION AND CONSENT FOR INSPECTION OF PROPERTY**

INSTRUCTIONS: This form must be completed, signed and attached to the application form.

The undersigned, being the \_\_\_\_\_ of the property described  
(owner or agent)  
in the within application, \_\_\_\_\_, hereby authorize the Building  
(property address)

Inspector and the members of the AHRB to enter upon the property described in the within application for the purpose of inspecting such property in connection with the demolition permit application, and the undersigned hereby consents to said entry for said purposes.

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

\_\_\_\_\_  
(print name of owner or agent)

\_\_\_\_\_  
(signature of owner of agent)