



VILLAGE OF SAGAPONACK

PO Box 600
3175 Montauk Highway
Sagaponack, NY 11962
www.sagaponackvillage.org
631-537-0017 631-537-0612 (FAX)

Application No:
Permit No:

Date Issued:
Permit Fee:

INSTRUCTIONS

- A. The application form must be completed by typewriter or printed in ink.
B. This application must be completed in every respect.
C. A completed Authorization and Consent form must be included
D. A recent survey less than one year old.
E. Copies of all certificates of occupancies and/or compliances for all structures on the property.
F. \$500.00 application fee.

PROPERTY LOCATION:

Tax Map Number:
Property Street Address:
Existing use of structure(s):
Residential Commercial Agricultural

STATE WHETHER APPLICANT IS:

OWNER LESSEE AGENT ARCHITECT BUILDER OTHER
Owner of property:
Mailing Address of Owner: Phone Number:
Applicant (if different from owner)
Address of Applicant: Phone Number:

Application is hereby made to the Building Department for the issuance of an Updated Certificate of Occupancy as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

STATE OF NEW YORK,
COUNTY OF) ss:

(Name of individual signing application) being duly sworn deposes and says that he/she is the applicant named, he/she is the (contractor, agent, corporate officer, owner, etc) of said owner or owners, and is duly authorized to make and file this application and that all statements contained in this application are true to the best of his/her knowledge and belief.

Sworn to before me this

day of , 20

Signature of Owner

Approved Building Inspector

Notary Public County



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AUTHORIZATION AND CONSENT

STATE OF NEW YORK)
) ss.:
COUNTY OF)

_____ being duly sworn depose
and say:

1. The undersigned are the sole owners of premises at _____

 2. The undersigned are the applicant(s) for an Application for a Updated Certificate of
Occupancy.

 3. The undersigned consent to entry and inspection of the above premises as needed by the
Building Inspector.

 4. The undersigned authorize _____ whose contact information is _____

- to appear on our behalf before the officials and agencies of the Village of Sagaponack.

Sworn to before this
___ day of _____, 20__

Print Name

Notary Public

Signature

Sworn to before this
___ day of _____, 20__

Print Name

Notary Public

Signature