



# TOWN OF EAST HAMPTON BUILDING DEPARTMENT

Building Department  
Town of East Hampton  
300 Pantigo Place, Suite 104  
East Hampton, NY 11937  
Phone 631-324-4145

## BUILDING PERMIT APPLICATION INSTRUCTIONS

This application must be fully completed (by typewriter or in ink) and all of its requirements complied with. Completed applications will only be accepted by a Building Inspector for processing weekdays between 9-11 A.M. or 3-4:30 P.M. Questions concerning the completion of this application should also be directed to the Inspectors at the times noted above. This completed application must be accompanied by:

- 1. Survey:** A guaranteed survey giving a detailed layout of the lot or parcel drawn to scale clearly showing:
  - A. All property lines with directional bearings and distances, the property's relationship to adjoining premises and public streets;
  - B. The location of all existing and proposed buildings, structures and uses, with setback dimensions from property lines, existing and proposed driveways and parking areas, sewerage disposal systems; and
  - C. Suffolk County Department of Health Services approval, if needed.
  
- 2. Plans:** One (1) complete set of plans and specifications for all proposed construction in conformance with the New York State Uniform Fire Prevention and Building Code and all other applicable regulations. This set will be kept in the Building Department files. Applicant shall keep one (1) duplicate set of plans on the site during the course of construction. Plans shall describe the nature of the work to be performed and shall clearly indicate the materials to be used, the equipment to be installed and shall give details of all electrical, mechanical, plumbing and structural installations.
  
- 3. Fee:** Computed by Building Inspector

Upon approval of this application and payment of appropriate fee, the Building Inspector will issue a Building Permit, and the Building Permit Card must be prominently posted on the premises.

### NOTES:

- THE BUILDING INSPECTOR MAY, AT THEIR OWN DISCRETION, REQUIRE THE SUBMISSION OF ADDITIONAL PLANS, SPECIFICATIONS OR DATA, AS PROVIDED FOR IN THE TOWN CODE.
  
- THE WORK COVERED BY THIS APPLICATION MAY NOT BE COMMENCED BEFORE THE ISSUANCE OF A BUILDING PERMIT.

**TOWN OF EAST HAMPTON  
BUILDING DEPARTMENT**

**APPLICATION FOR BUILDING PERMIT**

**NOTE: DO NOT WRITE IN THIS BOX. THE FOLLOWING WILL BE COMPLETED BY THE BUILDING INSPECTOR:**

BUILDING PERMIT NO.: \_\_\_\_\_

Estimated Cost of Improvements: \_\_\_\_\_ Zone: \_\_\_\_\_

Fee Schedule: \_\_\_\_\_

Fees: \_\_\_\_\_ = \_\_\_\_\_  
(Building Permit) (Certificate of Occupancy) (Total)

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

**I. APPLICANT INFORMATION:**

**A.** Name of Applicant (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant is (check one):  Owner  Lessee  Agent  Architect  Builder  
 Engineer  General Contractor  Electrician  Plumber

Mailing Address of Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**B.** Owner of Premises as indicated on Tax Roll (if Corporation, state name and address of Principals): \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**C.** All Sub-Contractors performing work, defined as a Home Improvement pursuant to the East Hampton Town Code, under a Building Permit issued in the name of the property owner, must possess a valid town of East Hampton Home Improvement Contractors License.

Name of Contractor or Builder: \_\_\_\_\_

East Hampton Town Contractor's License No. \_\_\_\_\_

Mailing Address of Contractor \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**D. BUILDING PERMIT TO BE SENT TO: (please check one)  A  B  C  
**IMPORTANT: Make sure the complete mailing address is filled out****

**II. PROPERTY IDENTIFICATION AND LOCATION:**

**A.** Suffolk County Tax Map Number: 300- \_\_\_\_\_

**B.** Map No. \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

**C.** Street, House Number & Hamlet: \_\_\_\_\_

**III. PROJECT INFORMATION:**

**A. Name of Architect:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**B. Name of Mason:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**C. Name of Plumber:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**D. Name of Electrician:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**IV. PROJECT DESCRIPTION:**

**A. State existing use and occupancy:**

1) Residential \_\_\_\_\_

\_\_\_\_\_

2) Commercial \_\_\_\_\_

\_\_\_\_\_

3) Mixed \_\_\_\_\_

\_\_\_\_\_

**B. Nature of work for which Building Permit is requested (check items):**

1) New residence \_\_\_\_\_

2) Addition to residence: ONE STORY: \_\_\_\_\_ TWO STORY: \_\_\_\_\_

3) Interior Alteration to Existing Structure: \_\_\_\_\_

4) Accessory Structure: SHED: \_\_\_\_\_ DECK OR PATIO: \_\_\_\_\_

SWIMMING POOL – GUNITE: \_\_\_\_\_ VINYL: \_\_\_\_\_

5) Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. FIREPLACES:**

THIS PART OF THE APPLICATION MUST BE COMPLETED IF A FIREPLACE IS GOING TO BE INSTALLED IN THE STRUCTURE, AND THE FIREPLACE WILL REQUIRE SEPARATE INSPECTIONS, TO WIT:

A. Masonry Fireplace

- 1) Masonry fireplaces will require an inspection of the firebox and damper
- 2) An inspection of the chimney before it is capped

B. Pre-fab Fireplaces and Chimneys

- 1) Pre-fab fireplaces will require an inspection when both the fireplace and chimney are installed before the closing of the chase

**MASONRY FIREPLACES:**

Name of Mason: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**PRE-FAB FIREPLACES:**

Make and Model of Fireplace: \_\_\_\_\_

Name of Installer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**AFFIDAVIT OF GENERAL CONTRACTOR  
PROOF OF WORKERS' COMPENSATION INSURANCE**

Suffolk County Tax Map No.: \_\_\_\_\_

\_\_\_\_\_, as General Contractor at the above-referenced parcel, does hereby acknowledge the requirement for Workers' Compensation, and will maintain said policy during the course of construction under this Building Permit or renewals thereof.

The Building Permit will become null and void if coverage of said policy is terminated for any reason.

\_\_\_\_\_  
(General Contractor)

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

**AFFIDAVIT OF EXEMPTION TO SHOW SPECIFIC PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE FOR A 1, 2, 3 OR 4 FAMILY, OWNER-OCCUPIED RESIDENCE**

**Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):**

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit **AND** am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the job site) for which the building permit was issued.

*I also agree to either:*

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the **NYS Workers' Compensation Board** to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the job site) for work indicated on the building permit; OR
- have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the **NYS Workers' Compensation Board** to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the job site) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

\_\_\_\_\_  
(Home Telephone Number)

Property Address that requires the building permit:

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

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

\_\_\_\_\_  
(County Clerk or Notary Public)

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit, pursuant to the New York State Uniform Fire Prevention and Building code, the Zoning Code of the Town of East Hampton, and all other Laws, Ordinances, Rules and Regulations governing the action for which the Permit is sought, including, but not limited to, the construction of buildings or structures (including addition, alteration, demolition, erection, moving or razing thereof), the clearing of land, the installation of mobile homes or the conversion of existing building, all as set forth in the Town Code. Applicant agrees to comply with all the applicable Laws, Ordinances and Regulation. Applicant also agrees to contact this Office to arrange for all necessary inspections pursuant to this Building Permit.

No building shall be occupied or used, whole or in part, for any purpose whatever, until a Certificate of Occupancy shall have been granted by the Building Inspector.

The Building Inspector is authorized to enter the premises covered by a Building Permit during the course of construction to ascertain compliance with zoning and other building laws, regulations and ordinances.

The electrical work must be inspected by, and a Certificate of Approval obtained from an authorized agency approved by the town of East Hampton.

-----  
STATE OF NEW YORK)

ss.:

COUNTY OF SUFFOLK)

\_\_\_\_\_ being duly sworn, deposes and says that (s)he is the \_\_\_\_\_ of said owner or owners, and is duly authorized to perform the proposed work and to make and file this application, (s)he has read the notices contained in this application and understands the same and agrees to abide thereby; that all the statements contained in this application are true to the best of his/her 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 herewith.

\_\_\_\_\_  
(Signature of Applicant)

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

\_\_\_\_\_  
(County Clerk or Notary Public)