

Department of Land Management
Planning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

TOWN OF SOUTHAMPTON



KYLE P. COLLINS
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

Phone: (631) 287-5735
Fax: (631) 287-0262

JAY SCHNEIDERMAN
TOWN SUPERVISOR

ADMINISTRATIVE SITE PLAN APPLICATION

__ Appropriate Administrative Site Plan Fee (See §[330-183.2](#)) (per fee schedule)

SUBMIT 6 COPIES of Site Plans & Building Elevations/Floor Plans (as may be necessary)

Note: A minimum of six copies are required. Additional copies may be necessary

Application Name per the approved Site Plan: _____

Date of Approved Site Plan: _____

SCTM No.: _____

Property Street Address: _____ **Hamlet:** _____

(a) **Applicant Name:** _____
Address: _____
Telephone No.: _____
Email: _____

(b) **If the applicant is a corporation, give the name and title of the responsible officer:**
Name: _____ **Title:** _____

(c) **If the applicant does not own the property, prepare the endorsement at the end of this form establishing owner's authorization of the applicant's proposed site plan.**

(d) **Landowner's Name:** _____
Address: _____

(e) **Original Signed & [Notarized Owners Endorsement](#) form if applicant is other than owner.**

(f) **Description of Project:**

MAIL COMMUNICATION TO: Applicant Owner
(if not checked communication will be mailed to current owner)

APPLICATIONS IS HEREBY MADE to the Department of Land Management, Planning Division, for issuance of an Administrative Site Plan pursuant §[330-183.1](#), for an amendment or modification to a previously approved site plans that are consistent with the eligible activities contained in §[330-183.1](#) A.(1) (a) through (d). The applicant agrees to comply with all applicable laws, ordinances, and regulations.

Application submitted by: _____ Authorized Agent Owner
PRINT NAME OF SIGNATURE BELOW

Check Box After Reading: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

Please note: If ownership is held jointly or in partnership, each owner and/or partner must sign a separate owner's endorsement. If the owner or owners are making the application, this endorsement is not required.

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Phone: (631) 283-6000

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PLEASE NOTE: If ownership is held jointly or in partnership, each owner and/or partner must sign a separate owner's endorsement. If the owner or owners are making the application, this endorsement is not required.

OWNER'S ENDORSEMENT

STATE OF NEW YORK)
ss:
COUNTY OF SUFFOLK)

_____, being duly sworn,
deposes and says:

I am: (check one)

- 1. the sole owner in fee
2. a part owner in fee
3. an officer of the corporation which is the owner in fee of the premises described in the foregoing application.
4. designated party authorized to act pursuant to a trust or other legal document.
5. member/owner(s) of Limited Liability Corporation (LLC).

(if you checked #3, #4 or #5, please provide proof of legatee (i.e.: Corporate Resolution; Surrogate Letter; Executor of the Will; Certified Letter of Testamentary; Letter of Administration; Attorney-Opinion Letter; Letter of Probate; Power of Attorney, etc.)

I reside at _____
Mailing Address

Hamlet/Post Office/Village State Zip Code

I have authorized _____
to make the foregoing application to Southampton Town for approval as
described herein.

Signature

(If owner is a corporation, please indicate name of corporation
and the title of the corporate officer whose signature appears above)

Sworn before me this
_____ day of _____, 20____

Notary Public