

TOWN OF SOUTHAMPTON
DIVISION OF FIRE PREVENTION
BED & BREAKFAST INSTRUCTIONS & RENEWAL FORM

All Bed and Breakfast permits are valid for one year and expire on December 31st.

1. If any alterations have been made or if additional structures have been added to the property a complete application must be made.
2. If the owner has changed a complete application is required.
3. If any changes have been made to the floor plans, two sets of the new floor plans drawn to 1/4" scale must be submitted. Label all rooms and designate which rooms will be owner occupied or for guests.
4. The owner must use the dwelling as his/her principal residence. A signed and notarized "Affidavit of Residency" is required annually.
5. Submit fee of \$250.00 along with a completed renewal form.
6. There shall be a Late Fee of \$100.00 for any permit that is not renewed within thirty days of its date of expiration.

DEPARTEMENT OF FIRE PREVENTION
TOWN OF SOUTHAMPTON

BED AND BREAKFAST RENEWAL 20

Owners Name: _____ Phone Number: _____

Name of Bed & Breakfast (if different from owner) _____

Address: _____ E-Mail: _____

SCTM # 473689-_____._____-_____-_____._____ Current Zoning District _____

REQUIREMENTS

Please Check to confirm

- 1. There have been no changes to the structures or parking associated with the Bed and Breakfast use. no changes
- 2. Floor plan drawn to ¼” scale of all floors if there have been any changes from the 2011 application. If new floor plans are being submitted, label all rooms and designate which rooms will be owner occupied or for guests. floor plans attached

Please answer Yes or No

- 3. The B & B use is located in the dwelling unit. o o
- 4. The Planning Board gave approval for a SE use in an Acc. Bldg. o o
- 5. The number of bedrooms is at least three (3) in VB zones and at least four (4) in all other areas. o o
- 6. The owner will use the dwelling as his/her principal residence dwelling and signed the “Affidavit of Residency” o o
- 7. Kitchen facilities comply with 330-213.C. of the Town Code o o
- 8. No more than five (5) bedrooms for registered guests. o o
- 9. Smoke Alarm/Carbon Monoxide Affidavit. o o

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

Signature

Notary Public

***** OFFICE USE ONLY ******

Tax Map # _____

Check/Cash _____ Late Fee _____

Receipt# _____ Chief Fire Marshal _____ Date _____

Permit# _____ () Approved () Denied/Reason _____

AFFIDAVIT OF RESIDENCY

In the matter of the Application of

for a Permit for Bed and Breakfast Accessory Use pursuant to Article XX III of Chapter 330 (Zoning) of the Town Code of the Town of Southampton.

STATE OF NEW YORK)
COUNTY OF SUFFOLK) SS:

I, _____, duly sworn, deposes and says:

1. I am the owner of the premises located at _____, more particularly shown as Suffolk County Tax Map Number:

473689-_____._____._____._____.

2. I am familiar with the buildings and structures located on the subject premises, and acknowledge that the use of the building is for a single family dwelling and that a valid certificate of occupancy or certificate of compliance exists for said structures).

3. I have thoroughly read and I am familiar with the Bed and Breakfast use as defined by Article XXIII of the Town code. In particular I have read and thoroughly understand items A through J of the regulations listed under chapter 330-213 of the Town code.

4. I presently reside in the subject single family dwelling and this dwelling is my domicile or principal place of abode. In support of this statement, I have attached the following items as a form of proof:

5. I make this affidavit knowing full well that the Town of Southampton, Division of Fire Prevention will rely upon the facts as stated herein to issue a permit for a Bed and Breakfast pursuant to Article XX III of Chapter 330 (Zoning) of the Code of the Town of Southampton, as same was adopted by Local Law Number 46 of 1994.

Signature of Applicant

Date

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

Notary Public

SMOKE ALARM AND CARBON MONOXIDE AFFIDAVIT

STATE OF NEW YORK)
)SS:
COUNTY OF SUFFOLK)

I, _____, being duly sworn, depose and say:

I am the _____ of the premises located at

Suffolk County Tax Map Number 473689 - _____._____-_____-_____._____, which is improved by a single family dwelling.

- 1) That smoke detection alarm devices are installed as per Section 164-9 of the Southampton Town Code requiring multiple smoke detectors in one- or two-family residences which are located in each room used for sleeping purposes, on the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedroom and in each story within a dwelling including basements and cellars.
- 2) That carbon monoxide alarm devices are installed as per Section RR313.4 of the Residential Code of New York State.
- 3) That I make this affidavit pursuant to Section 1193.2 of the New York State Fire Prevention and Building Code.

Dated: _____ Signed _____

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

Signature

Notary Public

Emergency Contact List

If owner is unavailable, give name, title and address of two (2) emergency contacts other than the owner.

Name

Street

Unit #

Hamlet

Zip Code

Telephone

Cell

E-mail Address

Name

Street

Unit #

Hamlet

Zip Code

Telephone

Cell

E-mail Address

Do you have a on- site Manager. Yes ___ No ___. If yes, please list.

Name

Street

Unit #

Hamlet

Zip Code

Telephone

Cell

E-mail Address

Do you have an off-site Manager. Yes ___ No ___. If yes, please list.

Name

Street

Hamlet

Zip Code

Telephone

Cell

E-mail Address