CP-494 04/2022

APPLICATION #: _____

FEE: $ _____

SHT Contractor's License # _____

TOWN OF SOUTHAMPTON
BUILDING & ZONING DIVISION

116 Hampton Road, Southampton, NY 11968
(631) 287-5700

WHOLE HOUSE DEMOLITION PERMIT

FOR OFFICIAL USE

Application	☐	_____
Most Recent S.C. Cert.Deed	☐	_____
Agent Letter	☐	_____
Cert. of Occ.Cert.of Compl.	☐	_____
Worker's Compensation	☐	_____
Written Estimate	☐	_____
Electrical Disconnect	☐	_____
Gas Disconnect	☐	_____
3 Copies of Survey	☐	_____
Debris Permit	☐	_____
Hold Harmless	☐	_____
Debris Permit	☐	_____
Landmarks/Historical Board	☐	_____
Wetlands	☐	_____
Planning	☐	_____

(All Applicable sections of this application must be competed – <u>incomplete applications will not be ACCEPTED)</u>

FOR OFFICIAL USE

Owner's E-mail Address: _____
Project Address: _____

Tax Map #: 473689 900 - _____ - _____ - _____ - _____.____ Zoning District: _____
Section Block Lot

Property Owner: _____ Daytime Phone: _____
Address: _____

Contractor: _____ Contact: _____
Address: _____
Phone Number: _____

List any other structures that will be demolished with dwelling: _____

Demolition: sq. ft._____

NOTE

Photographs of all four sides of the structure are required for:
Buildings with a Pre-existing Certificate or when no Certificate of Occupancy exists

All demolition work must conform to Current Publication of NFPA 241, Chapter 14 of the New York State Fire Code and any applicable Local, State and Federal Regulations.

PROVIDE PROTECTION OF ADJACENT STRUCTURES AND PROPERTY, DUST CONTROL AND WATER RUN OFF.

BURNING AND/OR BURYING MATERIALS ON SITE IS A DIRECT VIOLATION OF LOCAL AND STATES LAWS.

APPLICATIONS IS HEREBY MADE to the Department of Land Management, Building and Zoning Division, for issuance of a Demolition Permit pursuant to the New York State Uniform Fire Prevention and Building Code, Southampton Town Zoning Ordinance, Chapter 330, and all amendments thereto, for the removal or demolition as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

APPLICATION SUBMITTED BY: _____ ❐ Authorized Agent ❐ Owner

☐ **Read and Check Box**

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

_____ _____
Original Signature of Applicant Date

For Official Use Only
Permit to Read:

_____
_____
_____