



**TOWN OF SOUTHAMPTON**  
**CODE ENFORCEMENT**  
**INVESTIGATIONS & ENFORCEMENT UNIT**  
 27 Ponquogue Avenue Hampton Bays, New York 11946  
 Phone: 631-702-1700 Fax: 631-283-2694  
[www.southamptontownny.gov/codeenforcement](http://www.southamptontownny.gov/codeenforcement)

**Ryan Murphy**  
 Town Code Compliance and  
 Emergency Management Administrator



## RENTAL RENEWAL PERMIT APPLICATION INSTRUCTIONS

*(Application is renewable every two years)*

Rental Permits are renewable every two years. Any rental permit that is about to expire or has expired sixty days or less may use the renewal application. If the **rental permit has expired over sixty days**, please submit an original rental permit application.

**\*If the property has changed ownership including but not limited to or from an individual to a Corporation, Partnership, Limited Liability Company, Trust, LLC or other business entity, *you must complete an original application.***

**\*\*As always, the Town of Southampton reserves the right to conduct an inspection if necessary to satisfy any questions or concerns that may exist.**

### The following items are required when submitting the renewal application:

- Copy of the previously issued rental permit
- Tenant information form
- Notarized affidavit
- Documentation or proof for any claimed exemption

### **Fees:** *(Pay ONE of the following. Fees are nonrefundable)*

- ☐ Renewal Rental Application Standard Fee (2 years): \$400
- ☐ Property in Violation of Chapter 270 (Rental Properties) - \$800
- ☐ Owner tax exemption (Enhanced STAR, Veteran, Senior Citizen (65+)) - \$175
- ☐ Renter tax exemption Proof required (Volunteer Fire Dept. or Ambulance Worker) - \$175
- ☐ Renter is Sr. Citizen, 65+ (as per §330-5) or Qualified Disabled Person (as per §216-2) - \$175
- ☐ Income Qualified Tenant (proof of lease for the entire term): Fee waived (current letter from agency required)
- ☐ Re-inspection Fee (for any property requiring more than three inspection visits): \$50

### **Proof:**

- ☐ Copy of Photo ID for Volunteer Fire Dept. or Ambulance Worker and a lease are required in order for the tenant to receive the exemption.



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## **RENTAL RENEWAL PERMIT APPLICATION**

Issued Rental Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### **1. Property Information:**

Rental Property Address: \_\_\_\_\_

Tax Map Number: 0900- SECTION \_\_\_\_\_ - BLOCK \_\_\_\_\_ - LOT \_\_\_\_\_ - \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Property Owner Legal Address:  
 (Cannot be the same as Rental Property Address)

Property Owner Mailing Address:

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

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

Telephone Number (s): Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Emergency \_\_\_\_\_

Property Owner Email Address: \_\_\_\_\_

❖ **If the rental dwelling unit intended for rental occupancy is owned by a corporation, partnership, limited liability company, trust or other business entity, the name, address, telephone number of each owner, office, principal, shareholder, partner, and/or member of such business entity MUST be set forth below:**

Name: \_\_\_\_\_

Legal Address (No P.O. Boxes): \_\_\_\_\_

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

Title or position held with said corporation, partnership, and limited liability company or business entity:

\_\_\_\_\_

Telephone Number (s): Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Emergency \_\_\_\_\_

**If necessary, attach additional pages to supply the above information.**



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In the matter of the Application of

\_\_\_\_\_  
 (Print Owners Name)

For the Renewal of a Rental Permit pursuant to Chapter 270 of the Southampton Town Code.

STATE OF NEW YORK)  
 COUNTY OF SUFFOLK) SS:

I, \_\_\_\_\_, being duly sworn, depose and say  
 Owners Affidavit:

1. I am the owner of the premise located at \_\_\_\_\_  
 In the Hamlet of \_\_\_\_\_, more particularly shown as Suffolk County Tax Map  
 Number: 0900- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. \_\_\_\_\_ and as such I am familiar with the buildings and  
 structures located on the subject premises.
2. A copy of the previously issued valid rental permit is attached hereto.
3. The above mentioned rental property, to the best of my knowledge, fully complies with all of the provisions of the  
 Code of the Town of Southampton and the New York State Uniform Fire Prevention and Building Code.
4. The structure has not been physically altered in any way, except in full conformance with a valid building permit.
5. I am not aware of the property being in violation of the Code of the Town of Southampton or the New York State  
 Uniform Fire Prevention and Building Code.
6. I make this affidavit knowing full well that the Town of Southampton Code Enforcement will rely upon the facts  
 as stated herein to issue a renewal of a rental permit pursuant to Chapter 270 of the Code of the Town of  
 Southampton.
7. In the event of a change in tenancy occurring during a permit term, **I shall notify the Code Enforcement Unit in  
 writing of the identity of the new tenants.**

Sworn to before me this \_\_\_\_\_  
 Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Original Signature

\_\_\_\_\_  
 Notary Public Original Signature and Notary Public Original Stamp



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**RENTAL RENEWAL APPLICATION**

**Managing Agent Information: (Agent's information)**

Name of Managing Agent of dwelling unit, if any: \_\_\_\_\_

Address of Managing Agent (no P.O. Boxes): \_\_\_\_\_

Mailing Address of Managing Agent: \_\_\_\_\_

Telephone Number- Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Emergency: \_\_\_\_\_

Email address: \_\_\_\_\_

**Tenant Information:**

Term of Lease: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

One Family: ☐ Yes / ☐ No      Two Family: ☐ Yes / ☐ No      Townhouse: ☐ Yes / ☐ No

**LIST OF ALL TENANTS:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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## CREDIT CARD AUTHORIZATION FORM

☐ I (we) hereby authorize Southampton Town Code Enforcement, a one-time charge against my credit card for the following amount \$\_\_\_\_\_.

### Card Holder's Information

Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Credit Card Information

Credit Card Type: ☐ Master Card ☐ Visa ☐ Amex ☐ Discover ☐ Other

Credit Card Number: \_\_\_\_\_

Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ CVV Code: \_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_