

VILLAGE OF NORTH HAVEN
631-725-1378
BUILDING PERMIT PROCEDURE

Building Permits are required for any improvements planned for your property, including modifications and repairs to existing structures.

- 1) Building Permit Applications and other forms are available at North Haven Village Hall, 335 Ferry Rd Sag Harbor, NY 11963, Monday through Friday between the hours of 9am and 4pm
- 2) An original Building Permit Application must be submitted to the Building Department, who will verify that the application is complete. Please see the Building Permit Application Checklist for required documents.
- 3) Building permit applications, which are not completed properly or missing required documents, will not be accepted by the Building Department. Such applications will be returned to the applicant.
- 4) Building permit applications which are deemed to be complete will be reviewed for compliance with the Building Inspector.

PLANS MUST MEET THE SPECIFICATION REQUIREMENTS OF THE NEW BUILDING CODE OF NEW YORK STATE THAT TOOK EFFECT JANUARY 1, 2015 AND CHAPTERS 55, 85 AND 163 OF THE NORTH HAVEN VILLAGE CODE.

- 5) After the application has been reviewed, one of the following will occur:
 - a. Building Permits will be issued for all applications that do not require referral to the Planning Board, Zoning Board of Appeals or Architectural Review Board. Building Permit fees must be paid in full and picked up from Village Hall prior to work starting. Fees shall be doubled for work that has been started prior to the issuance of the permit.
 - b. Building Permit applications that are required to be reviewed by the Architectural Review Board will be referred to the Board as provided for under Chapter 163 of the Village Code. Applicants will be notified as to when their application will go before the Board, and if any additional information is required.
 - c. Building Permit applications will be denied. Applicants will be notified and provided with the reasons for denial and, if applicable, with information on the procedures for filing applications with the Planning Board or Zoning Board of Appeals.
- 6) The Building Department will issue building permits as soon as possible after receiving Board approvals. However, Building Permits will not be processed if there are outstanding Zoning violations, if the current owner does not have a Certificate of Occupancy, or the property owner owes the Village any outstanding fees.
- 7) It is the applicant/agent's responsibility to schedule required inspections within a timely manner and obtain a Certificate of Occupancy when the work is complete.
 - Building Permits expire if work is not commenced within 6 months of the date of issuance or has not been completed within 12 months after the date of issuance. For good cause shown, an extension of either date may be issued for no more than two consecutive 90-day periods.
 - A building permit which has become invalid or which has expired may be renewed upon application by the permit holder, payment of the applicable fee, and approval of the application by the Building Department.

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BUILDING PERMIT APPLICATION CHECKLIST

1. ALL PARTS MUST BE HANDED IN TOGETHER. Partial applications will not be accepted
2. Complete applications will be received and reviewed
3. After review from the Building Inspector, applications will be referred to the appropriate Board (if applicable)
 - ☐ **Building Permit Application**– must be completely filled in, including listing the owner, agent, and contractor (if known) and contact information for all, with a notarized signature from the owner
 - ☐ **Authorization of an agent** (if applicable) – signed by the owner (notarized)
 - ☐ **Signed Fee Disclosure**
 - ☐ **Contractor information**
 - ☐ Workman's comp insurance and liability insurance (Village of North Haven listed as certificate holder)
 - ☐ Copy of Home improvement license from Southampton or Suffolk County
 - ☐ Contractor List
 - ☐ **3 Copies of Current Survey** – must be to scale (not reduced or blown up), no larger than 11x17", stamped and signed by the surveyor – must include existing and proposed lot coverage and clearing calculations
 - ☐ **3 Copies of the Building Plans** stamped and signed by the architect
 - ☐ **\$125 – Application fee** – The application fee is not a Building Permit fee. The Building Permit fee will be collected when the permit is issued.

IN ADDITION, & When Applicable:

- ☐ **Building Materials Form**
- ☐ **FAR (Floor Area Ratio)** calculation by the architect - signed by the owner and with the seal of the architect. (163-13 of Code)
- ☐ **Landscape/Revegetation Plan** (Existing and Proposed)
- ☐ **Home Energy Rating System** rating (HERS rating) HVAC plan – signed by architect (55-4-K-I of Code)
- ☐ **Suffolk County Department of Health** approval (original survey with red stamp from Health Dept) will be required for:
 - a. Upgrade or installation of new septic systems
 - b. Additional bedrooms in excess of prior DOH approvals
 - c. Additional bedrooms where there is no prior DOH approvals
 - d. If DOH approval is required and has not been received, the application will be deemed incomplete and may not be accepted
- ☐ **DEC** approval is necessary for parcels affected by wetlands
- ☐ **HOA** approval, if required by the HOA By-Laws and procedures

For Office Use Only:

SCTM#: _____

Received: _____

DEPT USE ONLY
APPROVAL DATES

ZBA:

SITE PLAN:

BARHP:



VILLAGE OF NORTH HAVEN
BUILDING DEPARTMENT
335 Ferry Road
Sag Harbor, NY 11963
631-725-1378 (Fax) 725-1120

APPLICATION FOR BUILDING PERMIT

DEPT. USE ONLY

Permit No. _____

Permit Fee _____

Fee Paid _____

Date Issued ____/____/____

Zoning District _____

INSTRUCTIONS

1. BUILDING PERMIT APPLICATION MUST BE COMPLETED BY TYPEWRITER OR PRINTED IN INK.
2. WORK DESCRIBED IN THIS APPLICATION MAY NOT BE COMMENCED BEFORE PERMIT IS ISSUED
3. THIS APPLICATION MUST BE COMPLETE IN EVERY RESPECT BEFORE THE PERMIT WILL BE PROCESSED.
4. APPROVED PLANS SHALL BE MADE AVAILABLE ON THE BUILDING SITE DURING CONSTRUCTION.
5. THE BUILDING INSPECTOR OR HIS DESIGNEE SHALL HAVE THE RIGHT TO ENTER INTO ANY BUILDING OR UPON ANY LAND AT ANY REASONABLE HOUR TO PERFORM REQUIRED INSPECTIONS OF CONSTRUCTION DESCRIBED BELOW.

TAX MAP NUMBER: _____

DISTRICT _____ SECTION _____ BLOCK _____ LOT _____

PROPERTY LOCATION: _____

LEGAL STREET ADDRESS AND NUMBER _____

PROPERTY OWNER _____

MAILING ADDRESS _____

PHONE _____ Email _____

APPLICANT _____

MAILING ADDRESS _____

PHONE _____ Email _____

APPLICANT IS : OWNER LESSEE AGENT ARCHITECT BUILDER OTHER _____

IF OWNER OR APPLICANT IS A CORPORATION, FURNISH NAMES OR MANAGING OFFICERS OR PARTNERS:

CORPORATE PROPERTY OWNER

NAME _____

ADDRESS _____

PHONE _____ Email _____

CORPORATE APPLICANT

NAME _____

ADDRESS _____

PHONE _____ Email _____

CONTRACTOR RESPONSIBLE FOR CONSTRUCTION:

NAME _____

ADDRESS _____

PHONE _____ Email _____

CONTRACTORS LICENSE NO _____

WORKERS COMPENSATION NO.: _____

ISSUED BY: SOUTHAMPTON SUFFOLK COUNTY

Is the property located in a flood plain? Yes No If yes, zone and required FEMA elevation: _____

Will it be necessary for anyone involved directly or indirectly with this application to disturb any public highway for any reason?
Yes No If yes, reason: _____

Does this property front on any State or County highway? Yes No

Existing use of premises: _____

Proposed use of premises: _____

Estimated cost of construction: \$ _____

Size of plot: _____ sq. ft.

Existing 1st floor: _____ sq. ft.

Existing 2nd floor: _____ sq. ft.

Existing lot coverage: _____ sq. ft.

Proposed 1st floor: _____ sq. ft.

Proposed 2nd floor: _____ sq. ft.

Proposed lot coverage: _____ sq. ft.

Proposed accessory: _____ sq. ft.

Check those descriptions below that describe the work to be performed:

NEW CONSTRUCTION

ANY EXTENSION OR INCREASE IN FLOOR AREA OR HEIGHT OF AN EXISTING BUILDING OR STRUCTURE

THE TOTAL WORK AREA IN AN EXISTING STRUCTURE EXCEEDS TWO-THIRDS OF THE BUILDING AREA

THE RECONFIGURATION OF ANY SPACE; THE ADDITION OR REMOVAL OF ANY DOOR OR WINDOW; THE RECONFIGURATION OR EXTENSION OF ANY SYSTEM, OR INSTALLATION OF ANY ADDITIONAL EQUIPMENT

THE REMOVAL AND REPLACEMENT OR COVERING OF EXISTING MATERIALS, ELEMENTS, EQUIPMENT AND/OR FIXTURES

OTHER, PLEASE EXPLAIN _____

Briefly describe the scope of the project: _____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a building permit pursuant to the New York State Uniform Fire Prevention and Building Code, Chapters 55 and 165 of the Village of North Haven and all amendments thereto for the construction of a building, additions, alterations and renovations as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

STATE OF NEW YORK)
COUNTY OF _____)

_____ being duly sworn deposes and says that he is the applicant above named, he is the _____ of said owner or owners, and is duly authorized to perform or have performed the work described above and to make and file this application; that all 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 therewith.

Sworn to before me this _____ day of _____ 20____

SIGNATURE OF APPLICANT

NOTARY PUBLIC _____ COUNTY _____

INCORPORATED VILLAGE OF NORTH HAVEN

335 FERRY ROAD, NORTH HAVEN

SAG HARBOR, NEW YORK 11963

631-725-1378

AUTHORIZATION

The undersigned are the sole owners of the premises located at

_____, North Haven, New York,

(SCTM#: _____/_____/_____/_____) and hereby authorize _____

_____ to apply for and obtain:

Check as applicable:

- (a) Building permit _____
- (b) Certificate of Occupancy _____
- (c) Zoning Variance _____
- (d) Subdivision Approval _____
- (e) Other _____

(Describe)

The undersigned hereby hold harmless and indemnify the Village of North Haven, including its agencies, officials and employees, against any claim, cost or expense, including attorneys fees, by reason of their reliance upon this authorization.

Dated: _____

Sign Here: _____

Print Name _____

Sign Here: _____

Print Name _____

On the _____ day of _____, 20____ before me, the undersigned personally appeared _____, personally known to me or proved to me on the basis of satisfaction evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) acted, executed the instrument.

Notary Public

Village of North Haven
335 Ferry Road
Sag Harbor, New York 11963
Ph: 631-725-1378 Fax: 631-725-1120

**TO: ALL APPLICANTS FOR SITE PLAN REVIEW, ZONING BOARD OF
APPEALS, SUBDIVISION, ARCHITECTURAL REVIEW BOARD AND
BUILDING PERMITS**

SUBJECT: FEES AND APPLICATION SUBMISSIONS

Please be advised when filing applications for any of the above, all submissions must comply with the requirements set forth under the provisions of the North Haven Village Code, New York State Building & Fire Code, FEMA and any other additional instructions/documents distributed in the application package that pertain to your particular application.

As the applicant, it is your responsibility to coordinate those requirements that relate to the specifics of the property under review. An application will not be considered complete, for review by any Board, if information is missing.

Upon submission of the application, consideration will be given to the complexities of the property under review and may vary, specifically when other boards and outside agencies are involved, i.e., NYS Department of Environmental Conservation, Suffolk County Health Department, Architects, Surveyors etc.

With respect to applicable fees, including environmental and engineering review fees, the applicant is responsible for all filing, permit, environmental and engineering review fees. Permits will not be issued until all required/conditioned information is submitted, inspections when warranted, are complete and all fees are paid in full.

Date _____

Applicant/Property Owner

Property Location: _____
SCTM# _____



Village of North Haven
335 Ferry Rd.
North Haven, NY 11963
Ph: 631-725-1378
Fax: 631-725-1120

CONTRACTOR LIST

(to be completed by General Contractor & submitted prior to issuance of Building Permit)

Property Address _____ SCTM# 901 - ____ - ____ - ____

General Contractor:

Business Name: _____

Contact: _____

Phone: _____ Cell: _____ Email: _____

Insurance Name: _____ Policy No. _____

Electrician:

Business Name: _____

Contact: _____

Phone: _____ Cell: _____ Email: _____

Insurance Name: _____ Policy No. _____

Plumber:

Business Name: _____

Contact: _____

Phone: _____ Cell: _____ Email: _____

Insurance Name: _____ Policy No. _____



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North Haven, NY 11963
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Mason: _____
Business Name: _____
Contact: _____
Phone: _____ **Cell:** _____ **Email:** _____

Insurance Name: _____ **Policy No.** _____

Other (please specify): _____
Business Name: _____
Contact: _____
Phone: _____ **Cell:** _____ **Email:** _____

Insurance Name: _____ **Policy No.** _____

Other (please specify): _____
Business Name: _____
Contact: _____
Phone: _____ **Cell:** _____ **Email:** _____

Insurance Name: _____ **Policy No.** _____

Additional pages will be supplied if needed.