



INSTALLATION PERMIT APPLICATION

236 Third Street, Greenport, New York, 11944

(631) 477-0248 Ext. 201

www.villageofgreenport.org

Date of Application _____ **FEE: \$100** §65-7(K)

Make checks payable to "Village of Greenport"

All information below is to be filled out by the applicant. A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK.
This completed application is to be accompanied by plans drawn to scale in triplicate by a licensed design professional.

THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)

First Name Last Name Business Name, if applicable

Mailing Address City, Town, Village State Zip

Phone Contact E-Mail Address Fax #

CONTACT PERSON (if different from owner)

The person to receive all correspondence including permit and associated certificate:

First Name Last Name Business Name, if applicable

Mailing Address City, Town, Village State Zip

Phone Contact E-Mail Address Fax #

IF ANYONE OTHER THAN THE OWNER COMPLETES THIS APPLICATION, WRITTEN CONSENT FROM THE OWNER MUST BE SUBMITTED WITH THIS APPLICATION.

Location of work site:

Suffolk County Tax Map Number: 1001 Section: _____ Block: _____ Lot _____

Street Address: _____ Greenport, New York, 11944

Zoning District: ☐ WC ☐ R1 ☐ R2 ☐ PD ☐ CR ☐ CG

Is property located within the Historic District? ☐ Yes ☐ No



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Please select Installation Permit Type:

☐ Fire Alarm System

☐ Fire Sprinkler System

☐ Carbon Monoxide Detection/Systems

☐ Installation/Relocation of LP Tank.

☐ Other (Please Specify): _____

☐ Alternative Fire Extinguishing (Dry)

☐ Alternative Fire Extinguishing (Wet)

☐ Commercial Cooking Exhaust Systems

Please describe in detail the project and/or special conditions:

Electrician: _____ **License No.** _____

Mailing Address City, Town, Village State Zip

Plumber: _____ **License No.** _____

Mailing Address City, Town, Village State Zip

Contractor: _____ **License No.** _____

Mailing Address City, Town, Village State Zip

Plans Prepared by: _____ **License No.** _____

Mailing Address City, Town, Village State Zip

***PLEASE ALLOW 2-4 WEEKS FOR REVIEW.**

AFFIDAVIT

Village of Greenport)
Town of Southold)
County of Suffolk) ss
State of New York)

I swear that to the best of my knowledge and belief that the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Code, Fire Code, NFPA Requirements, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work and inspections are authorized by the owner. The Village of Greenport is hereby granted permission to enter the property listed as the "Location of Work Site" for the purposes of inspecting my property until this permit has been legally closed. I understand that this permit will be issued and accepted on condition that the provisions of Federal, State and Local rules and regulations, and any additional requirements of this Building Permit Application are complied with. Any violation of all applicable codes, or deviations from the approved plans may result in the immediate revocation of this Permit & legal action taken against me. No responsibility rests upon the Village of Greenport, Code Enforcement, the Fire Marshal or the Fire Department by reason of this application and permit.

Sworn to be before this _____ day
of _____ 20_____ Signature _____
Owner or Applicant

Notary Public, Suffolk County, New York

FOR OFFICIAL USE ONLY:

Date Application Received: _____ Date Application Reviewed: _____ By: _____

Permit Will Require: ☐ Zoning ☐ Planning ☐ HPC ☐ Village Board ☐ No Board Approval Required

*Notice of Disapproval Sent Out On: _____

Initial Building Permit Review Letter Sent Out On: _____ Fee: \$ _____

Date Requested Documents/Fee Received: _____ Receipt No. _____

* = If Needed