



Village of Southampton

BUILDING DEPARTMENT

23 Main Street
Southampton, NY 11968

631-204-2146 ext 146

631-204-2147 ext 147

COSTAL EROSION MANAGEMENT PERMIT

FEE: \$750.00

Owner Name: _____

Owner's Address: _____

Owner's Phone #: _____

Applicant/Agent Name: _____

Applicant/Agent's Address: _____

Applicant/Agent's Phone #: _____

Person Preparing Site Plan: _____

Address & Phone #: _____

Location of subject property: _____

Tax Map # 904 - _____ - _____ - _____ Zone: _____

Description of proposed activity: _____

I hereby depose and certify that all the above statements of information, and all statements and information contained in the supporting documents and drawings attached hereto are true and correct.

SWORN TO BEFORE ME THIS
____ DAY OF _____ 20____

Notary Public

Signature