



Town of

# Brookhaven

Long Island, New York

# Land Use Application

One Independence Hill, Farmingville, NY 11738

Form PL-01 rev E 6/2/15

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Please check the appropriate application request:

## 1. TOWN BOARD:

- 1a. AMENDMENT OF RESTRICTIVE COVENANT (TBR)
- 1b. CHANGE OF ZONE (CZ)
- 1c. PLANNED DEVELOPMENT DISTRICT (PDD)(CZ)
- 1d. SPECIAL PERMIT (CZ)

Case Number:	<input type="text"/>
Application Date:	<input type="text"/>

Town Use Only

## 2. PLANNING BOARD:

- 2a. AMEND RESTRICTIVE COVENANT (Relief of Covenant) PBR
- 2b. FINAL SUBDIVISION - FS
- 2c. LAND DIVISION - LD
- 2d. PLANNING BOARD VARIANCE
- 2e. PRELIMINARY FINAL SUBDIVISION - FS
- 2f. PRELIMINARY SUBDIVISION - PS
- 2g. ROAD IMPROVEMENT/RESUBDIVISION - RI
- 2h. SINGLE FAMILY RESIDENCE - SF
- 2i. SITE PLAN/AMENDED SITE PLAN - SP
- 2j. SPECIAL PERMIT - SP
- 2k. 278 CLUSTER TREATMENT (Submitted w/PS, FS, PF, LD or RI)

2l. OTHER:

*(I.e. Removal of Excess Materials, Foundation Permit, Variances, Relief of Clearing Limits, Pre-application conference, etc.)*

Application is hereby made to the Town of Brookhaven for the application type requested.

By application submittal, the applicant does hereby authorize employees or agents of the Town of Brookhaven to enter and inspect the project site as necessary in conjunction with this application.

## 3. PLANNING DIVISION:

- 3a. CHANGE OF USE - CU  
(including facade and minor additions up to 500 sf)
- 3b. FIRE/AMBULANCE, ETC. - OM
- 3c. TEST HOLE - TH
- 3d. TREE CLEARING - TC
- 3e. REVEGETATION PLAN- RV



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**I. GENERAL APPLICATION:**  
**A. PROPERTY LOCATION:**

Suffolk County Tax Map (SCTM) Property Number: (Use "Scope of Work" section below to list any additional SCTM #'s)

DISTRICT                  SECTION                  BLOCK                  LOT

-  -  -

Name of Application:

Located at #:  , on the  N  E  S  W side of:

Distance:  ,  N  E  S  W of:

Hamlet  Post Office:

Ambulance District:  School District:

Fire District:  \*Total Proposed S.F. of Building(s)

Property Size (Acres):  OR Square Feet:

Disturbed Property Size (Acres):  OR Square Feet:

Present Zoning/Use of Site  Proposed Zoning/Use of Site

Name of Subdivision:

Subdivision Lot Number:

Yes  No Does the property in question conform to the lot area requirement?

Scope of Proposed Work: *(Please list all SCTM #'s associated with application)*



Town of <h1 style="margin: 0;">Brookhaven</h1> <p style="margin: 0;">Long Island, New York</p>	<h2 style="margin: 0;">Land Use Application</h2>
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**B. PROPERTY OWNER/ENTITY CONSENT:** *(separate sheets may be used for multiple owners)*

Be advised that I am the owner of record of the property referenced herein and hereby consent to this application. By this application, the owner does hereby authorize employees or agents of the Town of Brookhaven, in conjunction with this application, to enter and inspect the project site as necessary.

Owner/Entity Name:

Firm Name:

Address:

Hamlet:  State:  Zip:  Tel#:

E-mail:  Fax#:

If corporation, name of responsible officer:  Title

**IN WITNESS WHEREOF** I have hereto set my hand onto this  day of  ,

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Sign By Owner/Officer

STATE OF NEW YORK )  
 ) ss.:  
 COUNTY OF SUFFOLK )  
 On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory 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 individuals(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

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Notary Public



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## C. APPLICANT/CONTRACT VENDEE/LESSEE

(If same as owner, state in name field below)

Name:  Firm Name:

Street Address:

City:  State:  Zip:  Tel#:

E-mail:  Fax#:

## D. PLAN PREPARER

Name:  Firm Name:

Street Address:

City:  State:  Zip:  Tel#:

E-mail:  Fax#:

## E. ATTORNEY/AGENT (If applicable):

Name:  Firm Name:

Street Address:

City:  State:  Zip:  Tel#:

E-Mail:  Fax#:

## F. Removal of Excess Materials

### Engineers Certification:

The site plan or subdivision submitted to the Board depicts an excess of  cubic yards, proposed to be removed from the premises.

Name:  Phone Number

E-mail:  License Number:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## II. BOARD OF ETHICS TRANSACTIONAL DISCLOSURE:

Case Number:

### A. APPLICANT

Application Date:

Name:  Address:

City:  State:  Zip:  Tel#:

E-Mail  Fax#:

Does any officer of the State of New York, officer or employee of the Town of Brookhaven, officer or employee of Suffolk County, officer of a political party in Suffolk County or his or her spouse, brother, sister, parent, child, grandchild, or the spouse of any of them have an interest in this application by virtue of being the actual applicant, or, by virtue of having an interest in the corporation, partnership, or association making such application?

Yes  No

### B. If you checked "Yes" above, please complete the following section below:

Interested Party and Nature of Interest:

Name:  Address:

City:  State:  Zip:

Title:  Department:

Relationship to Public Officer/Employee and Title if other than Self:

Yes  No 1. Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is listed on the New York or American Stock Exchanges,

Yes  No 2. The actual applicant,

Yes  No 3. An Officer, Director, Partner, or Employee of the applicant, or ,

Yes  No 4. Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

Print Name:

Signature:

On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory 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 they by his/her/their signature(s), on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

Notary Public:



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**III. A. PROJECT DATA**

- Yes  No 1. Is the property within 500' of the boundary of any village or town? Village/Town
- Yes  No 2. Within 500' of any existing or proposed County or State Parkway, Thruway, Expressway or highway?
- Yes  No 3. Within 500' of any existing or proposed boundary of any County, State or Federal owned land?
- Yes  No 4. Within 500' of any existing or proposed place of public assembly?
- Yes  No 5. Within 100' of any freshwater or tidal wetland system?
- Yes  No 6. Within Carmans River Watershed area?
- Yes  No 7. Within a designated Historic District or Historic District Transition Zone?
- Yes  No 8. Are there any existing covenants or restrictions affecting the premises for which the approval is sought?  
If **Yes**, please attach a copy certified by the Suffolk County Clerk.
- Yes  No 9. Are there covenants or conditions being offered which would affect the use or development of this property?
- Yes  No 10. Is the property improved with any structures or signs? If **Yes**, attach a copy of any Certificate of Occupancy(s), Certificates of Existing Use(s), and/or Certificate of Zoning Compliance(s) for all of the existing structures and/or signs.
- Yes  No 11. Is the property located within the New York State Hydrogeologic Sensitive Zone?
- Yes  No 12. Is the property located within the New York State designated Central Pine Barrens area?
- Yes  No 13. Is there any Pine Barrens Credits being purchased?
- Yes  NO 14. Does the owner/applicant own or have any interest in any contiguous property?  
If **Yes**, list the SCTM numbers below:

- Yes  No 15. Have you applied for Health Department approval for sanitary waste for the proposed use?
- Yes  No 16. Do any Special Districts or utilities service the site?  
If **Yes**, please explain below:

- Yes  No 17. Will there be any use, manufacture, or disposal of any hazardous materials, and/or ground water resources be utilized in any other way other than for normal potable consumption, and/or any air, noise or light emissions occur. If **Yes**, please explain below:

- Yes  No 18. Is the property located on an improved road?
- Yes  No 19. Is the road Town maintained?
- Yes  No 20. Does the proposed property disturb more than one acre of land? If **Yes**, please prepare a Stormwater Pollution Prevention Plan.
- Yes  No 21. Is the property located within a designated Zoning Overlay District?
- Yes  No 22. Was the property subject to a public hearing on a change of zone application within the last 12 months?



### III. B. PROJECT DATA: ECONOMIC IMPACTS

Completed for all commercial/industrial projects and residential projects greater than 10 Units  
 (If not applicable, check here and go to Section IV)  N/A

1. Does project involved Local, State or Federal funding?  Yes  No
  
2. **If single phase project:**  
 Anticipated period of construction months. (including demolition).
3. **If multi-phased:**
  - a. Total number of phases anticipated.
  - b. Expected date of commencement Phase 1. (including demolition)
  - c. Approximate completion date of final phase. (month/year)
  - d. Is Phase 1 functionally dependent on subsequent phases?  Yes  No
  
4. Number of jobs generated during construction. (full time equivalent)
5. Number of jobs generated after completion. (full time equivalent)
6. Number of jobs eliminated by this project.
7. What are the current tax revenues generated by the project site?
8. What tax revenues will project generate after completion?
9. What is the estimated cost of construction?
10. How many schoolchildren is the project expected to generate?  N/A
11. What is the estimated cost of educating the school-age children generated by the completion of this project?  N/A



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**IV. SPECIAL USE PERMITS & VARIANCES:**

**A1.** If the proposed project requires a **Special Permit**, please **check** the appropriate **Board** and describe the Special Permit request in the space below:

- Town Board    
  Planning Board    
  Zoning Board of Appeals

**B1.** If the proposed project requires **Variations, or Waivers**, please **check** the appropriate **Board**, state the nature of the request and the reason in the space below:

- Town Board    
  Planning Board    
  Zoning Board of Appeals

**2. VARIANCES/WAIVERS REQUESTED:** Please check the type of variance/waiver request and specify the size proposed:  
 [Note: Upon application review, additional variance/waiver request(s) may be added by Town Application Examiners.]

<input type="checkbox"/> Lot Area	<input type="text"/>	<input type="checkbox"/> 1st Story Sq. Ft.	<input type="text"/>
<input type="checkbox"/> Lot Width	<input type="text"/>	<input type="checkbox"/> 2nd Story Sq. Ft.	<input type="text"/>
<input type="checkbox"/> Front Yard Setback	<input type="text"/>	<input type="checkbox"/> Special Permit Criteria	<input type="text"/>
<input type="checkbox"/> Rear Yard Setback	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>
<input type="checkbox"/> Side Yard Setback	Minimum <input type="text"/>	Total	<input type="text"/>

**3. List the structure(s) requiring variance/waiver(s): Specify whether each structure is PROPOSED or EXISTING:**

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>





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**C1.** If the proposed project requires an **Amendment to a Restrictive Covenant**, please **check** the appropriate **Board** and describe: A) Existing covenant for which relief is sought; B) Description of requested relief; and, C) Reason for requested relief, in the space below:

Town Board     
  Planning Board     
  Zoning Board of Appeals

2. Percentage of current covenant area affected:  %. Proposed percentage of covenant area affected:  %.

3. Percentage of current buffer area affected:  %. Proposed percentage of buffer area affected:  %.

**V. SUBDIVISION/LAND DIVISION:**

A1. Complete for all subdivision/land division/road improvements

Deed(s) recorded in the Suffolk County Clerk's Office:		Number of Lots: <input type="text"/>
Date:	Liber:	Page:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Yes  No 2. Are there encumbrances or liens against this land other than mortgages?
- Yes  No 3. Will the final plat be filed in sections, or will it cover the entire preliminary layout?
- Yes  No 4. Are all the public open spaces shown on the layout to be dedicated for public purposes?
- 5. How many acres are to be dedicated for public park or playground purposes?