



Town of Brookhaven Long Island

BUILDING PERMIT RENEWAL REQUIREMENTS

BUILDING PERMIT APPLICATION – completed and signed (make sure that you have the correct mailing address for the applicant, engineer/architect and builder). Applications are available in the Building Division and are available online.

RENEWAL FEE – cost varies

TRANSACTIONAL DISCLOSURE – completed and signed

CERTIFICATION OF STRUCTURES FORM – completed and signed

WORKERS COMPENSATION AND DISABILITY – (**Proposed Structures**) – The only Certificate of Insurance forms accepted as proof of Workers Compensation from builder/contractor are: C- 105.2 (9-07), SI-12, U-26.3, GSI-105.2, WC/DB-100, and Disability are: WC/DB-100, db-120.1 or DB-155. The Town of Brookhaven must be named as Certificate Holder. **NO ACORD FORMS WILL BE ACCEPTED.** If the **HOMEOWNER** is doing their own work, they must complete form **BP-1** and **HAVE IT NOTARIZED.**

SURVEY – ONE (1) PHOTO COPY OF A SURVEY – **Survey must be complete, legible, full size and to scale.** The surveyor's seal and the survey date and/or revision date must be on the survey. The distance from the nearest tie street must be indicated. Pencil in existing/proposed additions or accessory structures, show **exact** dimensions and distance to property lines.

8/2011

www.brookhaven.org

Division of Building

Beth Reilly, Esq., Commissioner

Tara McLaughlin, Deputy Commissioner

Angus Graham, Chief Building **Inspector**

One Independence Hill • Farmingville, NY 11738 • Phone (631) 451-6333 • Fax (631) 451-6341



Town of Brookhaven Long Island

Building Permit Application

APPLICATION is hereby made for a permit to do the following work, which will be done in accordance with the description, survey and plans submitted pursuant to Section 57 of the Worker's Compensation Law, Zoning Ordinances, Building Code and all other applicable ordinances and laws. Article 15 of the Executive Law of the State of New York, Section 296-5 (A) (1) prohibits discrimination in the sale, rental or lease of housing accommodations because of race, creed, color or national origin.

Select All That Apply

<input type="checkbox"/> Residential Building Permit	<input type="checkbox"/> Commercial Building Permit	<input type="checkbox"/> Record Search	<input type="checkbox"/> Certificate of Existing Use	<input type="checkbox"/> Plumbing Work Form (attached)
<input type="checkbox"/> Accessory Apartment License	<input type="checkbox"/> House Rental License (supplement appl. needed)	<input type="checkbox"/> Letter of Correction	<input type="checkbox"/> Renewal of permit/license# _____	

Property Suffolk County Tax Map Number - District 0200 Section _____ Block _____ Lot(s) _____

Property Owner Name _____ Phone _____ eMail _____

Property Owner Current Address: _____ Zip _____

Authorized Agent/Attorney Name _____ Phone _____ eMail _____

Authorized Agent/Attorney Address _____

Property located at No. _____ N.S.E.W. side _____ Distance _____

N.S.E.W. of _____ Town _____ NY

Description/ Request/Use/Size of proposed work _____

Project Name (if applicable): _____

Owner Certification	
I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.	
Owner Print Name _____	Signature _____ Date _____
OR	
Agent Authorization	
I hereby authorize _____ to act as my agent(s) to apply for, sign, and file the documents necessary to obtain a Building Permit / License for the project, as described above. Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.	
County of _____ State of New York	Owner Print Name _____ Signature _____
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 individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. Notary Public State of New York	
Print Name _____	Signature _____
Commission Number _____	Expiration Date _____

Building Division • Phone 631-451-6333 • Fax 631-451-6341

Each application must be typewritten or printed and have all information answered. Incomplete or illegible applications will not be accepted.

**TOWN OF BROOKHAVEN
TRANSACTIONAL DISCLOSURE FORM
(Conflict of Interest Form)**

A Transactional Disclosure form is required when someone submits certain applications to Brookhaven Town. The purpose of the disclosure is to alert the Town if a party of influence has an interest in this application or if someone within the Town who will participate in the decision has an interest.

***Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name _____ Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____ Fax _____

This form is for:

- An individual A partnership
 A corporation An association

Nature of Application:

- Property Assessment Grievance for non-residential parcel Variance
 Amendment Change of Zone
 Approval of Plat Exemption from Plat or Official Map
 License or Permit affecting real property Bidding on contract(s)

Affected parcel (address) _____

Does any officer or employee of the Town of Brookhaven, member of an executive committee of a political party, or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? Yes ____ No ____

If Yes, complete the appropriate section below.

If No, sign and date at end of form.

Please complete the following relevant section below:

For individual:

Interested Party:

Name _____ Address _____

City _____ State _____ Zip _____

For corporation:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

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

Yes ___ No ___ 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 publicly traded.

Yes ___ No ___ The actual applicant,

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

Yes ___ No ___ 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.

For partnership or association:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

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

Yes ___ No ___ Does the owner hold greater than five percent (5%) interest of publicly traded shares?

Yes ___ No ___ The actual applicant,

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

Yes ___ No ___ 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.

ALL APPLICANTS PLEASE FILL OUT BELOW:

Print Name _____ Date _____

Signature _____



Town of Brookhaven Long Island

Certification of Structures

3-2019

Must be completed by the owner for:

*Suffolk County Tax Map Number: 0200 _____ / _____ / _____

Item Number: _____

*Suffolk County Tax Map Number and Item Number can be found on your Tax Bill

Please check below all structures or improvements currently located on the property. In order to receive a Certificate of Occupancy or equivalent for the proposed work all structures and/or improvements must be certified by the Town of Brookhaven.

	Primary Structure (e.g. main house)
	Detached Garage
	Garage Conversion
	Barn
	Apartment
	Swimming Pool/Hot Tub
	Greenhouse
	Finished Basement
	Outside Basement Entrance
	Fireplace(s)
	Porches/Screened Porches
	Wood Platforms/Ramps
	Fence(s)
	Gazebo(s) How many?
	Shed(s) How many?
	Deck
	Addition
	Modification
	Other
	Covenants or Restrictions such as Clearing Limits or Natural Buffers
	Sports Court
	Outdoor BBQ area/Outdoor Kitchen

I do hereby certify that all statements made by me in this certification of structures are true and correct to the best of my knowledge, information and belief, further, I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for punishment in accordance with all applicable laws and statutes.

Owner Name: (Print) _____ Date: _____

Signature: _____

Physical Property Address: _____

Mailing Address, if different: _____

Phone Number: _____

Email Address: _____