



Town of Brookhaven Long Island

BUILDING PERMIT REQUIREMENTS

BUILDING PERMIT APPLICATION – completed and signed (make sure that you have the correct mailing address for the applicant, engineer/architect and builder). **FORM AVAILABLE ONLINE**

PLUMBING PERMIT APPLICATION – completed, signed by plumber (If homeowner is doing work, sign bottom of application). **FORM AVAILABLE ONLINE**

TRANSACTIONAL DISCLOSURE – completed and sign

CERTIFICATION OF STRUCTURES FORM – completed and signed.

EXISTING CONSTRUCTION AFFIDAVIT—completed and notarized

AFFIDAVIT FOR HEALTH DEPARTMENT REQUIREMENTS—(additions to existing structures)

SURVEYS – ONE ORIGINAL AND THREE COPIES Surveys must be legible, full size and to scale. SURVEY MUST BE NO OLDER THAN ONE YEAR FROM DATE OF APPLICATION. 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.

PLANS – THREE (3) SETS OF CONSTRUCTION PLANS AND A DIGITAL COPY IF AVAILABLE FOR ALL PERMITS.

Proposed and existing additions to one- and two- family residences 700 square feet or larger and all second story additions must have plans prepared by a Registered Architect or Professional Engineer. Plans to be a minimum scale of 1/4" to one foot. Plans must demonstrate compliance with the NYS Uniform Fire Prevention and Building Code and the Energy Code of NYS including all dimensions, structural details, insulation values, anchor bolts, hold downs and strapping details, windows and door styles and sizes, live and dead loads, siding and roofing materials, ventilation details and uses for each space.

Manufacturer's specifications are to be submitted for heating units, air-conditioning units, stoves and factory-built fireplaces.

New dwelling plans must be dropped off for review. See the Residential Drop-Off Plans Checklist for detailed submission requirements.

CERTIFICATES - For all structures, 1 COPY of all Certificates of Occupancy, Compliance, Existing Use, or Zoning Compliance.

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 Building Department 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.** For additional information please call Walter Peretti at NYS WC Board 518-402-8330.

SPECIAL FOOD HAZARD AREAS—Properties located in the Special Flood Hazard Area must submit a “Floodplain Development Permit Application” with the Building Permit Application.

Nitrogen Protection Zone—Properties located in the Nitrogen Protection Zone will require approval of the Town of Brookhaven Environmental Division prior to the issuance of a building permit for certain scopes of construction.

FEE-You must pay when application is accepted based on sq. footage cost and/or cost of materials, or other basis as specified in the Town Code. (Minimum \$65.19) Cash/Check/Credit cards are accepted.

UNIVERSAL DESIGN PERMIT FEE- To qualify for the reduced fee your plans must demonstrate compliance with the Universal Design criteria as specified in Town Code 16-5.

Suffolk County Health Dept. (If applicable) 852-5700

Environmental permits (T.O.B.) and/or (N.Y.S.) (if applicable)

Historic District Advisory Committee (T.O.B.) approval (if applicable)

Homeowners Association approval letter (If you reside in a condominium, townhouse, co-op or certain residenti

www.brookhavenny.gov

Building Division

Tullio Bertoli, AICP, Commissioner

Arthur Gerhauser, Chief Building Inspector

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

rev. 1-2019

Be advised that effective February 1, 2018, an original property survey or updated survey no greater than one-year old, showing all structures currently on the property, is required to be submitted with all residential building permit applications except for the following:

- Alteration of existing space. Survey may be more than one year. (Alteration of space does not include the addition of space)
- Conversion of existing space to habitable space. e.g. garage conversion, finishing a basement. Survey may be more than one year old.
- Applications for licenses. A survey for a Rental Registration or Accessory Apartment may be more than one-year.
- Renewal of a Building Permit.

The purpose of the survey requirement at application is to provide sufficient information to enable the Building Division to make an accurate determination regarding what buildings, structures, and improvements exist with the benefit of a Certificate and which may require a permit. We anticipate that a more accurate review at the time of the permit application will result in a smoother process for the issuance of the Certificate of Occupancy.

In the above policy it is not required to provide a current survey when renewing a permit. However, when a current survey for completed work is available at the time of renewal it allows Building Division staff to identify structures on the property that are not in compliance with Town Code. This will allow the applicant to address their problems prior to the C.O. process.

The above survey requirement does not change the requirement for a final survey.



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	Signature _____
Owner Print Name _____	
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
Building Division**

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

Plumbing HVAC Worksheet

Building Permit #: _____ Date of Permit: _____ Residential _____ Commercial: _____ Worksheet Date: _____

Location of Building: _____ Section: _____ Block: _____ Lot: _____

Owner Name: _____ Address: _____

	Basement	1 st Floor	2 nd Floor	3 rd Floor	Other	Fee	Total Units	
Air Handlers								
Blowers/Boilers/Space Heaters/Furnace								
Central A. C.								
Bath Tubs								
Showers								
(Floor) Drains								
(Roof) Drains								
Hand Sink								
Kitchen Sinks								
Lavatories (Bathroom Sinks)								
Stacks (Number Of) Residential								
Stacks (Number Of) Commercial								
Urinals								
Water Closets (Toilets)								
Dishwasher								
Drinking Fountain								
Hot Water Supply – Oil/Gas Tank-less								
Hydronic Solar Collectors								
Indirect Waste								
In-ground Tank Installation								
Lawn Sprinklers								
Outlet (Future)								
Outside Hose Bibs								
Utility Sinks/Laundry Tubs								
Washing Machines								
Other ()								
Other ()								

Total Fees:

Plumbing work is being done by:

Owner Signature _____

Agent Signature _____

OR

_____ **Licensed Plumber**

Signature _____

Printed Name _____

Plumbing Business Name: _____

Business Address: _____

Telephone Number _____

Suffolk County Consumer Affairs License _____

Expiration Date: _____

New construction must have a plumber's signature.
Owner's signature is acceptable only for an existing residential Dwelling where the owner is doing the plumbing work. 1-2019

**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: _____



Town of Brookhaven Long Island

Affidavit for Health Department Requirements for Additions to Existing Structures

PREMISES LOCATED AT _____

SCTM number _____

STATE OF NEW YORK)

: ss:

COUNTY OF SUFFOLK)

I, _____, residing at _____

_____ certify that the existing number of bedrooms at the above location is _____ and when the construction for which this building permit is issued is complete, the total number of bedrooms at this location will be _____.

I also certify that the proposed construction **will / will not** make it necessary to relocate any part of my existing sewage disposal system.

Complete this section for existing structures:

The construction of the addition commenced on _____. Proof of construction date required.
(month/day/year)

(Bills, contract, as built survey, electrical certificate will serve as proof)

Dated and signed this _____ day of _____, 20____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Public)

Building Division

Tullio Bertoli, AICP, Commissioner

Arthur Gerhauser, Chief Building Inspector

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

FLOOD DAMAGE PREVENTION

33 Attachment 1

Town of Brookhaven

APPLICATION # _____

Page 1 of 4

Floodplain Development Permit Application

This form is to be filled out in duplicate.

SECTION 1: GENERAL PROVISIONS (APPLICANT to read and sign):

1. No work may start until a permit is issued.
2. The permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit is invalid if no work is commenced within six months of issuance, and expires 2 years from date of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
7. Applicant hereby gives consent to the local administrator or his/her representative to make reasonable inspections required to verify compliance.
8. I, THE APPLICANT, CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

(APPLICANT'S SIGNATURE) _____ DATE

SECTION 2: PROPOSED DEVELOPMENT (To be completed by APPLICANT)

NAME	ADDRESS	TELEPHONE
APPLICANT		
BUILDER		
ENGINEER		

PROJECT LOCATION:

To avoid delay in processing the application, please provide enough information to easily identify the project location. Provide the street address, lot number or legal description (attach) and, outside urban areas, the distance to the nearest intersecting road or well-known landmark. A map attached to this application, and a sketch showing the project layout would be helpful.

BROOKHAVEN CODE

Application # _____

Page 2 of 4

DESCRIPTION OF WORK (Check all applicable boxes):

A. STRUCTURAL DEVELOPMENT

ACTIVITY

- New Structure
- Addition
- Alteration
- Relocation
- Demolition
- Replacement

STRUCTURE TYPE

- Residential (1-4 Family)
- Residential (More than 4 Family)
- Nonresidential (Floodproofing? Yes)
- Combined Use (Residential & Commercial)
- Manufactured (Mobile) Home
(In Manufactured Home Park? Yes No)

ESTIMATED COST OF PROJECT \$ _____

B. OTHER DEVELOPMENT ACTIVITIES:

- Fill Mining Drilling Grading
- Excavation (Except for Structural Development Checked Above)
- Watercourse Alteration (Including Dredging and Channel Modifications)
- Drainage Improvements (Including Culvert Work), Stormwater Control Structures or Ponds
- Road, Street or Bridge Construction
- Subdivision (New or Expansion)
- Individual Water or Sewer System
- Other (Please Specify) _____

After completing SECTION 2, APPLICANT should submit form to local administrator for review.

SECTION 3: FLOODPLAIN DETERMINATION (To be completed by **LOCAL ADMINISTRATOR**)

The proposed development is located on FIRM Panel No. _____, Dated _____.

The Proposed Development:

- The proposed development is reasonably safe from flooding. Entire property is in Zone B, C or X.
- The proposed development is in adjacent to a flood prone area. 100-Year flood elevation at the site is:
 _____ Ft. NGVD 1929/ NAVD 1988 (MSL)
 Unavailable
- See Section 4 for additional instructions for development that is or may be in a flood prone area.

SIGNED _____ DATE _____

BROOKHAVEN CODE

APPLICATION # _____

Page 4 of 4

APPEALS: Appealed to Board of Appeals? Yes No
Hearing date: _____
Appeals Board Decision --- Approved? Yes No

Conditions: _____

SECTION 6: AS-BUILT ELEVATIONS (To be submitted by **APPLICANT** before Certificate of Compliance is issued)

The following information must be provided for project structures. This section must be completed by a registered professional engineer or a licensed land surveyor (or attach a certification to this application). Complete 1 or 2 below.

1. Actual (As-Built) Elevation of the top of the lowest floor, including basement (in Coastal High Hazard Areas, bottom of lowest structural member of the lowest floor, excluding piling and columns) is: _____ Ft. NGVD 1929/ NAVD 1988 (MSL)

Attach Elevation Certificate FEMA Form 81-31

2. Actual (As-Built) Elevation of floodproofing protection is: _____ Ft. NGVD 1929/ NAVD 1988 (MSL)

Attach Floodproofing Certificate FEMA Form 81-65

NOTE: Any work performed prior to submittal of the above information is at the risk of the Applicant.

SECTION 7: COMPLIANCE ACTION (To be completed by **LOCAL ADMINISTRATOR**)

The **LOCAL ADMINISTRATOR** will complete this section as applicable based on inspection of the project to ensure compliance with the community's local law for flood damage prevention.

INSPECTIONS: DATE _____ BY _____ DEFICIENCIES? YES NO
DATE _____ BY _____ DEFICIENCIES? YES NO
DATE _____ BY _____ DEFICIENCIES? YES NO

SECTION 8: CERTIFICATE OF COMPLIANCE (To be completed by **LOCAL ADMINISTRATOR**)

Certificate of Compliance issued: DATE: _____

BY: _____