



# 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** [www.brookhavenny.gov](http://www.brookhavenny.gov)

**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 ¼” 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 **CE-200** and submit it with their application. For additional information please call Walter Peretti at NYS WC Board 518-402-8330.

**SPECIAL FLOOD 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 \$69.49) 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 residential areas)**

Building Division

Beth Reilly, Commissioner

Tara McLaughlin, Deputy Commissioner

Angus Graham, Chief Building Inspector

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

rev. 1-2022

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 \_\_\_\_\_

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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  
Building Division**

**PLEASE NOTE:**  
Propane tanks over 100 gallons require  
Fire Prevention Permit

**Plumbing Worksheet**

**Building Permit #:** \_\_\_\_\_ **Date of Permit:** \_\_\_\_\_ **Worksheet Date:** \_\_\_\_\_

Residential  
 Commercial

**Type of Work**

<input type="checkbox"/> <b>General Plumbing</b> Complete the form below	<input type="checkbox"/> <b>Heating/Hot Water Only</b>	<input type="checkbox"/> <b>Generator Only</b>	<input type="checkbox"/> <b>Oil to Gas Conversion Only</b>
<input type="checkbox"/> <b>Gas line Extension</b>	<input type="checkbox"/> <b>Pool Heater Only</b>	<input type="checkbox"/> <b>HVAC Only</b>	<input type="checkbox"/> <b>Gas Pressure Testing Only</b>

**Location of Building:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Fixture/Equipment	New	Exists	Total Units	Fixture/Equipment	New	Exists	Total Units
Air Handlers				Drinking Fountain			
Blowers/Boilers/Space Heaters/Furnace				Hot Water Supply – Oil/Gas Tankless			
Central A. C.				Hydronic Solar Collectors			
Bathtubs				Indirect Waste			
Showers				In-ground Tank Installation			
(Floor) Drains				Lawn Sprinklers			
(Roof) Drains				Outlet (Future)			
Kitchen Sinks				Outside Hose Bibs			
Lavatories (Bathroom Sinks)				Utility Sinks/Laundry Tubs			
Stacks (Number Of)				Washing Machines			
Urinals				Hand Sink/Bar Sink			
Water Closets (Toilets)				Other:			
Dishwasher				Other:			

- 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.
- 3-2021**

<p><b><u>Plumbing work is being done by:</u></b></p> <p>_____ Owner</p> <p>_____ Licensed Plumber (complete section on right)</p> <p><b>Owner Signature</b> _____</p> <p><b>Printed Name</b> _____</p>	<p><b>Plumbing Business Name:</b> _____</p> <p><b>Business Address:</b> _____</p> <p><b>Telephone Number</b> _____</p> <p><b>Suffolk County Consumer Affairs License</b> _____</p> <p><b>Expiration Date:</b> _____</p> <p><b>Plumber Signature</b> _____</p>
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**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

## Existing Construction Affidavit (Form Available on Line)

STATE OF NEW YORK }

SS:

COUNTY OF SUFFOLK }

I \_\_\_\_\_, being duly sworn, depose and state that the  
(Owner)

existing \_\_\_\_\_  
(name or description of structure)

located at Number \_\_\_\_\_ on the N S E W side of \_\_\_\_\_, at a  
distance of \_\_\_\_\_ N S E W side of \_\_\_\_\_, Tax

Map Number: \_\_\_\_\_

was constructed on or about \_\_\_\_\_.  
(date of construction)

I understand that the above information will be used to determine applicable codes in the review of my building plans and permit application.

- I have submitted the attached documentation to support the above statement.
- I am unable to submit documentation to support the above statement due to the following:
  - The construction referenced above predates my ownership.
  - Documentation is not available.

\_\_\_\_\_  
(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  
 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

## 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**

Beth Reilly, Esq., Commissioner

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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.

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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: \_\_\_\_\_