



# Town of Brookhaven Long Island

## **NEW HOUSE INSTRUCTIONS FOR OBTAINING A BUILDING PERMIT** **(all one-family dwellings excluding the Great South Beach Area)**

1. Application for Building and Zoning Permit completely filled out. Plumbing Application completely filled in.  
FORMS AVAILABLE ON LINE
2. One original survey indicating preliminary approval by the Suffolk County Health Department as to water supply and sewage system. Applicants whose property is within 300 feet of tidal or non-tidal waters are referred by the Suffolk County Health Department to the New York State Department of Environmental Conservation.
3. One original survey that has been approved by the Planning Board and the Department of Environmental Protection as to compliance with appropriate sections of Chapter 85 (Zoning Ordinance) and the following laws or ordinances:
  - a. Chapter 33 (Flood Damage Prevention Ordinance)
  - b. Chapter 35 (Grading Ordinance)
  - c. Chapter 70 (Tree Preservation Ordinance)
  - d. Chapter 81 (Wetlands Ordinance)
  - e. Chapter 98 (Environmental Protection Local Law)
  - f. Chapter 130 (Subdivision Regulations)
  - g. Chapter 280A (New York State Law – Permits for buildings not on improved mapped streets)
4. Transaction Disclosure – complete and sign
5. Three (3) sets of construction plans and a digital copy if available with new Energy Star compliance certificate from HERS rater. Construction plans must bear the seal of a registered architect or professional engineer, plumbing diagram and HVAC mechanicals. Please refer to the Residential Drop-Off Plans Checklist for detailed submission requirements.
6. Highway work permits when required from Town, County, or State agencies having jurisdiction over street or road adjacent to property.
7. Board of Appeals variance in instances where a chain of title is not applicable and where application does not indicate conformity with Chapter 85 (Zoning Ordinance).
8. Statement of estimated cost for decks and/or swimming pools if fee cannot be determined in accordance with Section 16-5 of Chapter 16 (Building Construction Administration).
9. Two (2) extra surveys showing proposed residence.
10. Payment of statutory fee.
11. If property is located in Historic District, approval from Historic District Committee is necessary.
12. Wetlands – approval from EPA and/or DEC when required.
13. Workers Compensation & Disability Insurance – 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***. For additional information please call Walter Peretti at NYS WC Board 518-402-8330.
14. Notice of Utilization of Truss Type Construction, Pre-Engineered Wood Construction and/or Timber Construction in Residential Structures.

### **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

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

**10-11-16**



# 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 _____

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**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**

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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 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> 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:

<p><b><u>Plumbing work is being done by:</u></b></p> <p>Owner Signature _____</p> <p>Agent Signature _____</p> <p align="center"><b><u>OR</u></b></p> <p>_____ <b>Licensed Plumber</b></p> <p>Signature _____</p> <p>Printed Name _____</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>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</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

## **NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

**OWNER OF PROPERTY:** \_\_\_\_\_

**SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):**

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE  
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

**IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):**

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**CAPACITY (Check One):**  Owner  Owner's Representative