



Town of Brookhaven Long Island

CERTIFICATE OF EXISTING USE FIRE ISLAND

Certificates of Existing Use are issued for structures for which there are NO RECORD at the Town of Brookhaven.

THE FOLLOWING IS REQUIRED:

1. Application for Certificate of Existing Use.
2. Owner's Affidavit...completed, signed by owner(s) only and notarized.
3. Disclosure Affidavit...completed and signed by owner(s) only.
4. Copies of all other Certificates of Occupancy and/or Building Permits.
5. One (1) original updated survey, this means the survey will show everything that is on the property as of today. **Photocopies will NOT be accepted.**
6. If owner is deceased – a copy of the Letters Testamentary is required.
7. Proof that the structure(s) existed prior to the relevant date below.
8. Photographs of all sides of all structures on the property.

SINGLE FAMILY DWELLING: You may apply for this certificate by submitting legal proof that the structure was constructed prior to June 30, 1959.

ACCESSORY STRUCTURES ONLY: Relevant date for legal proof is September 1981.

TWO FAMILY DWELLING: This certificate requires approval from the Board of Zoning Appeals. This office will provide you with the applicable date for the legal proof requirement.

COMMERCIAL BUILDING: You may apply for this certificate by submitting legal proof that the premises were improved prior to 1959. This certificate may require a variance from the Board of Zoning Appeals.

PROOF MAY BE ONE OR MORE OF THE FOLLOWING: - PROOF MUST BE CONCLUSIVE.

- A) Certified Tax Search showing the buildings only being assessed on the property prior to applicable date(s) as stated above.
- B) Original survey dated prior to the applicable date(s) as stated above.
- C) Original New York Board of Fire Underwriters Certificate prior to the applicable date as stated above. (Buildings only)
- D) Other proof (i.e. Certificate of Occupancy for an addition to the structure; deed that specifically identifies the buildings on the property; newspaper articles; developer dated photographs) – all **dated prior** to the applicable date and approved by the Town of Brookhaven.
- E) Support affidavits completed by two (2) non-related people stating that the accessory structures were in place prior to September 1981.

Residential fee is \$132.48. Commercial fee is \$198.92. Fees are payable to the Town of Brookhaven by money order, check, or cash payment in person. Applications are accepted between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday.

1-2020

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

www.brookhavenny.gov



Town of Brookhaven

Certificate of Existing Use Application

Suffolk County Tax Map Number: _____

Building/House Number: _____ N S E W side of: _____

Distance: _____ N S E W of: _____

Hamlet: _____, State of New York

The Certificate of Existing Use is requested for the following structures:

Comments:

Owner's Name: _____ Owners Email: _____

Owners Mailing Address: _____

Owners Phone: (H) _____ (W) _____ (C) _____

Agent Name: _____ Agent Email: _____

Agent Mailing Address: _____

Agent Phone: (W) _____ (C) _____

Office Use Only

Researched By: _____

Certificates Found:

Zone: _____

Single & Separate: _____

STATE OF NEW YORK }
 } SS.
COUNTY OF SUFFOLK }

**OWNER'S AFFIDAVIT IN
SUPPORT FOR A CERTIFICATE
OF EXISTING USE**

I, _____, being duly sworn, hereby submit the following in support of this application for a Certificate of Existing Use. The certificate is requested for the following: (structure and size) _____

1. The property is located at # _____ N S E W side of _____
Distance _____ N S E W of _____
Hamlet _____.
Suffolk County Tax Map: Section _____ Block _____ Lot(s) _____
2. The subject parcel of land consists of approximately _____ square feet.
3. The following uses and structures exist on the subject premises. Check ALL that apply.

	<u>Structures (#)</u>	<u>Uses (described)</u>
One Family Dwelling	_____	_____
Two Family Dwelling	_____	_____
Detached Garage	_____	_____
Barn	_____	_____
Shed	_____	_____
Business	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

4. The following uses and structures were added after 1959 or applicable date: _____
_____. If none, so state: _____
5. Was the use of the subject premises discontinued for a period of one year or more?
Yes _____ No _____ If yes, explain: _____
6. Do you currently own any parcels of land adjacent to the premises as shown on the survey submitted with this application?
Yes _____ No _____ If yes, explain: _____
7. Have you ever owned any parcels of land adjacent to the premises as shown on the survey submitted with this application?
Yes _____ No _____ If yes, explain: _____
8. Has said parcel been reduced in lot area? Yes _____ No _____ If yes, state the year reduced and explain how reduced _____

I understand that I am executing a legal document and that providing false information will result in rejection of this affidavit and potential prosecution for perjury.

Signature

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_____.

**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 _____