



# Town of Brookhaven Long Island

## **DEMOLITION PERMIT REQUIREMENTS** PERMIT IS VALID FOR NINETY (90) DAYS

1. **Building Permit Application** – completed and signed. Make sure the application information shows the correct mailing address. FORMS AVAILABLE ON LINE
2. **Disclosure Affidavit** – completed and signed.
3. **Fee** – Demolition Application fee is \$66.24.
4. Four (4) photocopies of the survey. Surveys must be complete, legible, and to scale.
5. One photocopy of all certificates of: Occupancy, Compliance, Existing Use, or Zoning Compliance.
6. **Worker's Compensation and Disability Insurance Certificates for demolition work.** The only Certificate of Insurance forms accepted as proof of Workers Compensation from builder/contractor are: C-105.2 (12-03), SI-12, U-26.3, GSI-12, WC/DB-100, WC/DB-101 and Disability are: DB-20.1, DB-155. The Town of Brookhaven must be named as Certificate Holder. ***NO ACORD FORMS WILL BE ACCEPTED.***
7. If the entire residence/building is to be demolished you must:
  - a. Submit a letter from PSEG verifying that electric service has been terminated.
  - b. Submit a letter from Suffolk County Water Authority verifying the termination of public water.
  - c. Submit a letter from NATIONAL GRID verifying that natural gas service has been terminated or does not exist.
8. If an accessory structure is to be demolished you must submit a letter from a licensed electrician stating that the electric service has been terminated to that structure.
9. A report from a licensed asbestos surveyor must be submitted with any demolition request verifying The absence of asbestos and/or removal of same from the subject premises.
10. Applicants must go to the Town of Brookhaven Division of Environmental Protection for approval of Demolition work for Historic and /or Environmental Review.
11. Approval letter from Homeowner's Association when applicable in certain residential areas.

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

Click on "View the Town Code"



# 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  
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 \_\_\_\_\_