Town of Brookhaven
Long Island

FIREPLACE & WOOD BURNING STOVE PERMIT REQUIREMENTS

BUILDING PERMIT APPLICATION – completed and signed FORMS AVAILABLE ON LINE

TRANSACTIONAL DISCLOSURE – completed and sign

CERTIFICATION OF STRUCTURES FORM – completed and signed.

SURVEYS –FOUR (4) PHOTO COPIES OF A SURVEY – Surveys must be complete, legible, full size and to scale. 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.

INSTALLATION SPECIFICATIONS - Stoves and factory-built fireplaces are to be installed to manufacturer's specifications.

PLANS - THREE (3) SETS OF CONSTRUCTION PLANS. For factory manufactured fireplaces and stoves manufacturer's specifications may be submitted as part of the plans.

ONE (1) **PHOTO COPY** of all Certificates of: Occupancy, Compliance, Existing Use, or Zoning Compliance for all existing structures on premises.

WORKERS COMPENSATION AND DISABILITY – 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-120.1, DB-155. The Town of Brookhaven 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.

STATEMENT of estimated cost (materials and labor) for structures that are not calculated by the square foot. (I.E.: decks, pools, sheds, covered porches and gazebos).

FEE-You must pay when application is accepted based on sq. footage and/or cost of materials. (Minimum $65.19) Cash/check only.

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)

www.brookhavenny.gov

1-2019

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

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

☐ **Residential Building Permit**	☐ **Commercial Building Permit**	☐ **Record Search**	☐ **Certificate of Existing Use**	☐ **Plumbing Work Form (attached)**
☐ **Accessory Apartment License**	☐ **House Rental License (supplement appl. needed)**	☐ **Letter of Correction**	☐ **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.

State of New York } SS **County of_____**

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 <u>individual</u>:

Interested Party:

Name_____Address _____

City _____ State ____ Zip _____

For <u>corporation</u>:

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 <u>partnership</u> or <u>association</u>:

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: _____

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