



Town of Brookhaven Long Island

SIGN PERMIT CHECKLIST

- Building Permit Application** - Filled out completely and signed.
- One (1) Copy of a Recent Property Tax Statement.**
- One (1) copy of a Property Survey or Site Plan** indicating where the sign(s) will be placed.
For Detached Ground Signs – Indicate setbacks the distance from the property line to the edge of the sign(s).
- One (1) copy of all Certificates of Occupancy or Certificates of Compliance** for the business the sign will advertise.
- Workers Compensation and Disability Insurance** for the sign contractor. The only Certificates of Insurance forms accepted are: Workers Compensation: C-105.2, 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 a Certificate Holder. ***NO ACORD FORMS WILL BE ACCEPTED.*** For additional information please call Walter Peretti at NYS WC Board 518-402-8330.
- Transactional Disclosure Affidavit** – Filled out completely and signed on back.
- Two (2) copies of professional, detailed, dimensioned Plans** of the sign(s).

For **WALL SIGNS**, elevations of the building showing the height of the sign(s) at the highest point above grade and the width of store on the wall which the sign is to be placed.

For **DETACHED GROUND SIGNS**, give the distance from the grade to the top of the highest point of the sign. Also note that sealed construction plans by a design professional are required for detached ground signs which have concrete foundations and/or structural steel supports.

DETACHED GROUND SIGNS ONLY

- SPEED LIMITS** of roadway(s) must be obtained from Traffic Safety 451-6480 for detached ground signs.
- One (1) Construction Cost Estimate** is required for detached ground signs which have concrete foundations and/or structural steel supports.

SIGNS LOCATED IN HISTORIC DISTRICTS OR OVERLAY DISTRICTS

- Historic District** Approval is required by the Historic District Advisory Committee if the business is located within a historic district. For additional information Historic is located within the Planning Department on the 2nd floor or Historic at (631) 451-6455.
- Planning Department** Approval is required if the business is located within a overlay district.
For additional information Planning is located on the 2nd Floor or call Planning at (631) 451- 6400.

1-2018

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

<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 _____

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 _____