



# Town of Brookhaven Long Island

## **VOID PERMIT REQUIREMENTS--STRUCTURES**

If you were issued a permit and did not build the structure(s) do the following:

1. Fill out **Void Permit Request for Structures** and notarize.
2. Submit a copy of the permit(s) (if available).
3. Submit a copy of the survey or site plan showing the location of the proposed construction.
4. Complete, sign and submit "Certification of Structures" form.
5. Photographs of **ALL** sides of **ALL** structures.

If the structure(s) were built and have since been removed, you may not request a Void Permit. You must apply for a permit for existing demolition of the structure(s).

The permit will be voided after the Inspector performs an inspection and approves the Void request. A letter will be mailed to the applicant stating the permit has been voided.

1-2018

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



**Town of Brookhaven**  
**STRUCTURE VOID PERMIT REQUEST**

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

Permit #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owners Email: \_\_\_\_\_

Owners Mailing Address: \_\_\_\_\_

Owners Phone:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

I respectfully request that the above referenced Building Permit be voided and hereby certify that the scope of work of the subject permit has not been constructed.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

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 \_\_\_\_\_  
Commission Number \_\_\_\_\_

Signature \_\_\_\_\_  
Expiration Date \_\_\_\_\_