Town of Brookhaven
Long Island

Application for Permit to House or Harbor Pigeons

Donna Lent, Town Clerk
Patricia Ryan, Chief Deputy Town Clerk
One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

TC-12 rev. 1/14

		1. DATE OF APPLICATION:	
2. APPLICANT'S NAME: FIRST		LAST	
3. STREET ADDRESS:	TOWN:	STATE:	ZIP:
4. ZONING DISTRICT:	5. TAX ITEM #:	6. TELEPHONE # DAY:	7. TELEPHONE # EVENING:
8. IF THIS IS A RENEWAL APPLICATION, STATE WHETHER OR NOT THERE HAS BEEN ANY CHANGE IN STRUCTURE, I.E., ADDITIONS OR MOVING:			
9. ADDRESS OF PREMISES WHERE PIGEONS ARE TO BE HOUSED OR HARBORED, IF DIFFERENT FROM #3 ABOVE: STREET ADDRESS:	TOWN:	STATE:	ZIP:
10. Has applicant been convicted of a violation of the provisions of the pigeon ordinance? ☐ Yes ☐ No		**Please note that the location, size and construction of lofts must not violate other town ordinances such as zoning and State Building Construction Code.**	
11. DIMENSIONS OF LOFT:		12. AREA OF LOFT:	13. HEIGHT OF LOFT:
Note: If the loft is 100 square foot or more in area, the applicant must obtain a building permit before commencing construction. Building Permits are issued by the Building Department, 1 Independence Hill, Farmingville, NY 11738.			
14. AREA OF PROPERTY: Square Feet	15. MAXIMUM # OF PIGEONS TO BE KEPT IN SAID LOFT:	16. Has the subject premises been used for the housing or harboring of pigeons prior to the effective date of the ordinance (1/17/77)? ☐ Yes ☐ No	
Note: In event said loft has been used for the housing or harboring of pigeons prior to January 17, 1977, it may be maintained as a nonconforming loft. However, if said use is discontinued, or if the loft is enlarged or rebuilt after being substantially destroyed, said enlarged or renovated loft must meet all requirements of section 85-384 (D) (1) a-g.			
17. Please note that this application must be accompanied by a survey or diagram showing the proposed location of said loft and its distance from surrounding residences and lot lines. **Said pigeon permit must be renewed annually. Fee: $35**			
Sworn to before me this _____ day of _____ 20_____ _____ NOTARY PUBLIC		18. SIGNATURE	

FOR OFFICIAL USE ONLY		
☐ Approved ☐ Disapproved		By:
Expiration Date:	Permit #:	Receipt #: