



Donna Lent, Town Clerk

One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

rev. 7/15

Chapter 87 of the Code of the Town of Brookhaven requires any owner of any building which has been vacant for more than 120 consecutive days shall file with the Town Clerk a Vacant Building Registration. The owner(s) of the vacant property(ies) shall be responsible to register and pay the annual nonrefundable registration fee of \$250.00. In no instance shall the registration of a vacant building and the payment of registration fees be construed to exonerate the owner, agent or responsible party from responsibility for compliance with any other building code or housing code requirement.

REGISTRATION REQUIREMENTS

Complete and **Notarized** Application _____

Please note Application **MUST** include Suffolk County Tax Map No.

Valid Identification of Applicant:

- Corporate Documentation _____
- Letters Testamentary _____
- Trust Document _____
- Individual Identification _____

Registration Fee Made Payable to: _____

“Donna Lent, Brookhaven Town Clerk”



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VACANT BUILDING REGISTRATION APPLICATION

STREET ADDRESS OF PROPERTY BEING REGISTERED (AS LISTED ON DEED):

Property Address: _____ _____ _____	SCTM #: (Section) (Block) (Lot)
	Ambulance District:
Fire District:	Police Precinct:
Is this a new or renewal registration? _____ New Registration _____ Renewal Registration	

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Is this a new or renewal registration? _____ New Registration _____ Renewal Registration	

Office Use Only		
Check #:	Process Date:	Receipt #:



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Please note: If the owner or owners do not reside within the State, the registration statement must also provide the contact information for a local agent who resides within the State and who is authorized to accept service of process on behalf of the owners. (Attach Additional Sheets If Necessary)

1. If the owner is a corporation or LLC, provide the names, residence addresses, telephone numbers and email addresses of all officers, directors and managing member as well as a copy of the most recent annual franchise tax report filed with the Secretary of State.

- a. _____
- b. _____
- c. _____
- d. _____

2. If an estate, the name, business address, telephone number and email address of the executor of the estate.

- a. _____

3. If a trust, the names, addresses, telephone numbers and email addresses of all trustees and grantors.

- a. _____
- b. _____

4. If a partnership, the names, residence addresses, telephone numbers and email addresses of all partners with an interest of 10% or greater.

- a. _____
- b. _____
- c. _____
- d. _____

5. If any other form of unincorporated association (ie. D/B/A), the names, residence addresses, telephone numbers and email addresses of all principals with an interest of 10% or greater.

- a. _____
- b. _____
- c. _____
- d. _____

6. If an individual person, the name, residence address, telephone number and email address of that individual person.

- a. _____
- _____



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7. Contact Person in the event of an emergency affecting the public health, safety or welfare.

Please Note This Person MUST Be Located Within New York State.

Name: Phone #:

Mailing Address: Email:

I do hereby certify that all statements made by me in this vacant building registration 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.

SIGNATURE

APPLICANT'S NAME

TITLE

Acknowledgment of Individual

STATE OF)
COUNTY OF) SS.:

On the day of in the year 20 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

Acknowledgement of Corporation

STATE OF)
COUNTY OF) SS.:

On the day of in the year 20 before me personally came

to me known, who, being by me duly sworn, did depose and say that

he/she/they reside(s) in (if the place of residence is in a city,

include the street and street number, if any, thereof); that he/she/they is (are) the the (president or other officer or director or attorney in fact duly appointed) of the (name of corporation), the corporation described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

Notary Public