

HISTORIC DISTRICT ADVISORY COMMITTEE (HDAC) **APPLICATION PROCEDURES**

An application for Historic District Advisory Committee (HDAC) review can be obtained from the Planning Division or the Town’s website, www.brookhavenny.gov. The completed HDAC application, with required attachments (*see requirements for a complete application on the following page*) must be submitted to the Planning Division, digitally & 1 hard copy. *Incomplete applications will not be reviewed.*

It is strongly advised that the applicant submit for preliminary HDAC review very early in the design process. Preliminary sketch plans, in addition to all required materials (see the following page for detailed requirements) are acceptable for this level of initial design review.

The completed application will be reviewed by the HDAC. The HDAC will then submit recommendations to the Commissioner of the Department of Planning, Environment and Land Management (PELM). After receiving recommendations from the HDAC, the Commissioner of PELM will make a final determination on the application in a letter which will be sent to the owner(s) and applicant(s).

HDAC meetings are generally scheduled on the second Tuesday of each month at Town Hall (unless the meeting is to be held virtually), unless a holiday occurs. Contact the Planning Division at (631) 451-6400 or visit the Town’s Website for detailed scheduling information. All applications must be received no later than the Wednesday before the meeting in order to be scheduled.

Upon completion of construction and prior to issuance of a Certificate of Occupancy/Certificate of Compliance, be advised that you must submit color photographs depicting all sides of the completed structure(s) to the Planning Division for a determination of conformance with the approved plans & conditions of the approval by the HDAC and the Commissioner of PELM. Note that conformance with HDAC approved plans and any conditions of HDAC approval is required. Should any changes to the approved plans be considered, or if you have any issues with the conditions of approval, you must submit revised plans and/or a written request for re-consideration PRIOR TO CONSTRUCTION.

THE FOLLOWING FEE SCHEDULE APPLIES TO COMMERCIAL APPLICATIONS ONLY:

<i>New Commercial Construction under 20,000 SF</i>	<i>\$ 1,099.85</i>
<i>New Commercial Construction over 20,000 SF</i>	<i>\$ 3,299.54</i>
<i>Commercial Additions, Alterations:</i>	<i>\$ 549.92</i>
<i>Additional Penalty Fee for construction without prior approval (commercial)</i>	<i>\$ 659.91</i>
<i>Revisions (commercial)</i>	<i>\$ 164.98</i>
<i>Certificate of Occupancy Signoff (commercial)</i>	<i>\$ 274.96</i>

REQUIREMENTS FOR A COMPLETE HDAC APPLICATION

1. HDAC application (completed and signed, note that online application is forms fillable & that email addresses must be provided).
2. Affidavit of Indemnity (completed & signed, only use the form that applies to the nature of ownership: individual, contract vendee, or corporation).
3. Transactional Disclosure Form (completed & signed).
4. Owner's Consent Form (completed & signed, if applicable).
5. Appropriate fee - for commercial applications ONLY (see fee schedule on page 1).
6. If there are existing structures on the property: Copy of any and all CO's (Certificates of Occupancy), CZC's (Certificates of Zoning Compliance), CC's (Certificates of Compliance) and/or CEU's (Certificates of Existing Use).
7. Board of Zoning Appeals grant letter, if a variance is needed (If variance application is pending, indicate same on application and submit grant letter upon receipt.).
8. Survey map/site plan showing existing and proposed conditions.
9. Plans, As Applicable to application type. Contact the Planning Division if you have questions regarding plan requirements. For initial design review, preliminary sketch plans are encouraged. Be advised that following initial design review, submission of complete architectural building plans will be required. If applicable, all plans are to be stamped, signed and dated by a registered architect or licensed professional engineer (if plans are not prepared by a registered architect or licensed engineer, please provide proof of approval from the Building Plans Examiner).
10. Detailed specifications / cut sheets for all exterior building materials & materials list.
11. Recent color photographs of the property depicting all four (4) sides of any and all buildings and structures on the property, including view from the street). *
12. Several recent color photographs of properties including structures (view from the street) adjacent to and across the street from the subject property, clearly labeled as to address or Suffolk County Tax Map Number (SCTM). If necessary, submit a key map. *
13. For Applications That Involve DEMOLITION, the Following Requirements Also Apply:
 - a) Preliminary development plans for the property.
 - b) Historical data/information on the structure to be removed and surrounding site.
 - c) Detailed cost analysis prepared by a licensed professional evaluating the cost of demolition and new development to the cost of restoration of existing structure(s).
14. ALL MATERIALS LISTED ABOVE ARE TO BE SUBMITTED DIGITALLY (PDFS DIRECTLY ATTACHED TO EMAIL: PLANNINGSTAFF@BROOKHAVENNY.GOV), IN ADDITION TO ONE (1) HARD COPY WHICH MAY BE DROPPED OFF AT TOWN HALL OR MAILED TO:

Town of Brookhaven
Planning Division / HDAC
One Independence Hill
Farmingville, NY 11738)

** For the hard copy, photos should be mounted or printed on letter or legal size paper, with description of what is shown in each photo clearly labeled on the front of the paper. For digital submission, provide a pdf or word document of the photos & description of what is shown in each photo.*

HISTORIC DISTRICT ADVISORY COMMITTEE (HDAC) APPLICATION

Application is hereby made to the Town of Brookhaven Department of Planning, Environment & Land Management for release of a project located within a Historic District, Historic District Transition Zone or Historic Landmark:

<p>_____ PROPERTY OWNER'S NAME</p> <p>_____ Mailing Address/PO Box</p> <p>_____ Hamlet State Zip Code</p> <p>_____ Phone Number & Email Address</p>	<p>_____ APPLICANT'S NAME (IF DIFFERENT FROM OWNER)</p> <p>_____ Mailing Address/PO Box</p> <p>_____ Hamlet State Zip Code</p> <p>_____ Phone Number & Email Address</p>
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CORPORATE APPLICANT: Responsible Officer: _____ Title: _____

<p>_____ AGENT'S NAME</p> <p>_____ Mailing Address/PO Box</p> <p>_____ Hamlet State Zip Code</p> <p>_____ Phone Number & Email Address</p>	<p>APPLICATION HAS BEEN MADE FOR:</p> <p><input type="checkbox"/> Building Permit</p> <p><input type="checkbox"/> Moving Permit</p> <p><input type="checkbox"/> Demolition Permit</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Variances</p> <p><input type="checkbox"/> Special Use</p> <p><input type="checkbox"/> Sign Permit</p> <p><input type="checkbox"/> Solar Panel Installation</p> <p><input type="checkbox"/> Exterior alterations (siding, roofing, window replacement, etc.)</p> <p><input type="checkbox"/> Other _____</p>	<p>Zoning District:</p> <p>_____</p> <p>Property Area:</p> <p>_____</p> <p>SF / Acres (circle one)</p>
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PROPERTY LOCATION:
Hamlet/Historic District: _____

Tax Map #: 0200 - _____ - _____ - _____ Property Address: _____

House No. _____ N S E W (circle one) side of _____
(Name of street)

Distance: _____ feet N S E W (circle one) of _____
(Name of nearest cross street)

Subdivision Name and Lot # (if applicable): _____

PROJECT DESCRIPTION: (attach additional sheets if necessary) _____

Building Area (for commercial projects only): _____ SF

ARE ANY VARIANCES NECESSARY FROM THE BOARD OF ZONING APPEALS (BZA) TO ACCOMPLISH THE ABOVE REQUEST(S)? Yes No

If yes, please provide BZA Hearing Date & Case Number: _____

CERTIFICATION:
The applicant/owner of the property certifies that the above statements are true and agrees that the issuance of any approval from the Commissioner of Planning, Environment & Development is based on the accuracy thereof. As a condition of the issuance of any approval, the applicant accepts full legal responsibility for all damage direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agrees to indemnify and save harmless the Town from suits, actions, damages and costs of every name and description resulting from said project.

Signature of Owner

Signature of applicant (if different; provide owner's endorsement)

Date:

Date:

AFFIDAVIT-OF-INDEMNITY
INDIVIDUAL

KNOW ALL MEN BY THESE PRESENTS:

That _____, as owner of the project property and hereinafter referred to as Applicant, residing at _____, County of _____, State of _____, for the purpose of obtaining Historic District Approval pursuant to Chapter 85, Article XVII of the Code of the Town of Brookhaven, having been duly sworn does hereby depose and say that:

In consideration of the issuance of said Approval, the Applicant does hereby agree to indemnify and save harmless the Town of Brookhaven, its employees, agents and public officers, against any and all damages to property or injuries to or death of any person or persons, including property and employees, public officers, or agents of the Town of Brookhaven, and shall defend, indemnify, and save harmless the Town of Brookhaven, its employees, agents, and public officers, from any and all claims, demands, suits, actions, or proceedings of any kind or nature, of or by anyone whomsoever, in any way resulting from or arising out of operations connected with the issuance of the Approval. This indemnification shall be binding upon any assignees, heirs or successors in-interest.

Additionally, the applicant does hereby agree to allow employees of the Town of Brookhaven, in conjunction with this application, to inspect the project site as necessary.

IN WITNESS WHEREOF I have hereto set my hand this ____ day of _____, 20_____

(Owner's Signature)

STATE OF NEW YORK-
-SS.:

COUNTY OF SUFFOLK-
-SS.:

On the ____ day of _____, in the year 20____, before me, the undersigned, a Notary Public in and for said State, 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)

AFFIDAVIT-OF-INDEMNITY
INDIVIDUAL
(Contract Vendee)

KNOW ALL MEN BY THESE PRESENTS:

That _____, as the contract vendee of the project property and hereinafter referred to as Applicant, residing at _____, _____, County of _____, State of _____, for the purpose of obtaining Historic District Approval pursuant to Chapter 85, Article XVII of the Code of the Town of Brookhaven, having been duly sworn does hereby depose and say that:

In consideration of the issuance of said Approval, the Applicant does hereby agree to indemnify and save harmless the Town of Brookhaven, its employees, agents and public officers, against any and all damages to property or injuries to or death of any person or persons, including property and employees, public officers, or agents of the Town of Brookhaven, and shall defend, indemnify, and save harmless the Town of Brookhaven, its employees, agents, and public officers, from any and all claims, demands, suits, actions, or proceedings of any kind or nature, of or by anyone whomsoever, in any way resulting from or arising out of operations connected with the issuance of the Approval. This indemnification shall be binding upon any assignees, heirs or successors in-interest.

Additionally, the applicant does hereby agree to allow employees of the Town of Brookhaven, in conjunction with this application, to inspect the project site as necessary.

IN WITNESS WHEREOF I have hereto set my hand this ____ day of _____, 20____

(Contract Vendee's Signature)

STATE OF NEW YORK-
-ss.:

COUNTY OF SUFFOLK-

On the ____ day of _____, in the year 20____, before me, the undersigned, a Notary Public in and for said State, 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)

AFFIDAVIT-OF-INDEMNITY
CORPORATION

KNOW ALL MEN BY THESE PRESENTS:

That _____ hereinafter referred to as Applicant, as a responsible party/officer of the corporation known as _____, located at _____, County of _____, State of _____, for the purpose of obtaining Historic District Approval pursuant to Chapter 85, Article XVII of the Code of the Town of Brookhaven, having been duly sworn does hereby depose and say that:

In consideration of the issuance of said approval, the Applicant does hereby agree to indemnify and save harmless the Town of Brookhaven, its employees, agents and public officers, against any and all damages to property or injuries to or death of any person or persons, including property and employees, public officers, or agents of the Town of Brookhaven, and shall defend, indemnify, and save harmless the Town of Brookhaven, its employees, agents, and public officers, from any and all claims, demands, suits, actions, or proceedings of any kind or nature, of or by anyone whomsoever in any way resulting from or arising out of operations connected with the issuance of the Approval. This indemnification shall be binding upon any assignees, heirs or successors in-interest.

Additionally, the applicant does hereby agree to allow employees of the Town of Brookhaven, in conjunction with this application, to inspect the project site as necessary.

IN WITNESS WHERE OF I have hereto set my hand this ____ day of _____, 20____

(APPLICANT)

STATE OF NEW YORK -

-ss.:

COUNTY OF SUFFOLK -

On the ____ day of _____, in the year 20____, before me, the undersigned, a Notary Public in and for said State, 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)

TOWN OF BROOKHAVEN BOARD OF ETHICS
TRANSACTIONAL DISCLOSURE FORM

APPLICANT NAME:

(LAST NAME, FIRST NAME, M.I.)

APPLICANT ADDRESS:

(STREET, APT.)

(CITY STATE ZIP CODE)

NATURE OF APPLICATION: (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> TAX GRIEVANCE | <input type="checkbox"/> APPROVAL OF PLAT |
| <input type="checkbox"/> VARIANCE | <input type="checkbox"/> EXEMPTION FROM PLAT OR OFFICIAL MAP |
| <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> LICENSE OR PERMIT |
| <input type="checkbox"/> CHANGE OF ZONE | <input type="checkbox"/> OTHER _____ |

DOES ANY OFFICER OF THE STATE OF NEW YORK, OFFICER OR EMPLOYEE OF THE TOWN OF BROOKHAVEN, OFFICER OR EMPLOYEE OF SUFFOLK COUNTY, OFFICER OF A POLITICAL PARTY IN SUFFOLK COUNTY OR HIS OR HER SPOUSE, BROTHER, SISTER, PARENT, CHILD, GRANDCHILD, OR THE SPOUSE OF ANY OF THEM HAVE AN INTEREST IN THIS APPLICATION BY VIRTUE OF BEING THE ACTUAL APPLICANT, OR BY VIRTUE OF HAVING AN INTEREST IN THE CORPORATION, PARTNERSHIP, OR ASSOCIATION MAKING SUCH APPLICATION?

YES NO

If you answered "yes", complete the rest of the form and date and sign where indicated.

If you answered "no", simply sign and date the form where indicated.

INTERESTED PARTY AND NATURE OF INTEREST:

NAME _____

ADDRESS _____

TITLE _____ DEPARTMENT _____

Relationship to public officer/employee and his or her title if other than self: _____

INTERESTED PARTY:

- | | | |
|---|------------------------------|-----------------------------|
| A) Is the owner of greater than five percent (5%) of the corporate stock of the applicant when the applicant is a corporation whose stock is listed on the New York or American Stock Exchange. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) The actual applicant | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C) An officer, director, partner, or employee of the applicant; or | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D) 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. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

DATE _____

SIGNATURE OF APPLICANT

TOWN OF BROOKHAVEN

OWNERS CONSENT FORM

Date: _____

Commissioner of PELM
Town of Brookhaven
Department of Planning, Environmental Protection, & Land Management
1 Independence Hill
Farmingville, NY 11738

RE: Historic District Application for _____

S.C. Tax # of parcel(s) _____

Dear Commissioner:

Please be advised that I am the owner of record of the above referenced property and hereby consent to _____ making an application for HISTORIC DISTRICT APPROVAL to the Department of Planning, Environmental Protection, & Land Management.

As owner of the property, I understand that I will receive copies of all correspondence unless noted below. I also acknowledge that as owner, I am responsible for all activities that take place on the property identified above.

Sincerely,

(Signature, of Owner)

Dated

The applicant is the contract vendee of the property and I do not wish to receive copies of any correspondence.