Town of Brookhaven
Long Island

Edward P. Romaine, Supervisor

ACCESSORY APARTMENT LIST
ADJACENT & CONTIGUOUS

APPLICANT: _____

ADDRESS: _____

PHONE #: _____

REASON FOR REQUEST: _____

PARCEL SCTM#: _____ - _____ - _____ - _____
DISTRICT SECTION BLOCK LOT

OR

PARCEL ITEM#: _____

PARCEL ADDRESS: _____

OWNER NAME: _____

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Department of the Assessor
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