TEST HOLE CHECKLIST

- ☐ Completed Application form
- ☐ Completed Short Environmental Assessment Form
- ☐ Survey of property with areas of proposed tree clearing with proposed clearing percentage
- ☐ Pictures of the property from the front, rear, and sides as well as rear yard & front yard
- ☐ Pictures of the areas where trees are to be removed
- ☐ Metes and Bounds of the property (Schedule "A")
- ☐ Filing Fees (Two separate checks made to the Town of Brookhaven)
    - Short Environmental Assessment Form Fee $329.94
    - Tree Clearing Application Permit Fee $219.97

Division of Environmental Protection
One Independence Hill
Farmingville, NY 11738
(631) 451-6455

Test Hole Application

APPLICANT INFORMATION:		
1. NAME OF PROPERTY OWNER(S), AS PER DEED:	2. PHONE	E-mail:
3. MAILING ADDRESS / PO BOX: HAMLET: STATE: ZIP CODE:		
4. NAME OF APPLICANT (IF DIFFERENT FROM ABOVE):	5. PHONE:	E-mail:
6. MAILING ADDRESS / PO BOX: HAMLET: STATE: ZIP CODE:		

PROPERTY LOCATION:
7. ADDRESS OF PROPERTY (Street Address, Hamlet, Zip Code)
8. NEAREST CROSS STREET
9. S.C. TAX #: DISTRICT SECTION BLOCK LOT
10. PERCENTAGE OF OVERALL CLEARING
11. PLEASE NOTE THAT ANY AND ALL CLEARING WITHIN 150' OF WETLANDS AND/OR WITHIN THE NEW YORK STATE CENTERAL PINE BARRENS MAY REQUIRE THE APPLICANT TO FILE CLEARING RESTRICTION COVENANTS PRIOR TO THE ISSUANCE OF A TREE CLEARING PERMIT. CLEARING WHICH IS OVER AN ACRE MAY REQUIRE A STORMWATER POLLUTION PREVENTION PLAN.
12. REASON FOR TREE CLEARING::

13. SIGNATURE OF OWNER(S):	14. SIGNATURE OF APPLICANT (IF NOT THE SAME):
DATE:	DATE:

For office use only:

RCD FILING FEE $:	LIST OF COVENANTS:	SURVEY:	PHOTOGRAPHS:
CHECK NUMBER:	OWNER'S CONSENT:	TRANSACTIONAL DISCLOSURE FORM:	APPLICATION NUMBER:

Town of Brookhaven Board of Ethics
Transactional Disclosure Form

Applicant Name:_____
(Last Name) (First Name) (Middle Initial)

Applicants Address:_____
(Street, Apartment#)

_____
(City) (State) (Zip Code)

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 date and sign the form where indicated.

INTERESTED PARTY AND NATURE OF INTEREST

Name: _____

Address: _____

_____

Title: _____

Dept: _____

Relationship to the Public Officer/Employee and his or her title if other than self:

_____

INTERESTED PARTY:	Yes	No
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?	___	___
B. The actual Applicant	___	___
C. An Officer, Director, Partner or Employee of the Applicant	___	___
D. Legally or beneficially owns or controls any stock of a non-Publicly traded corporate Applicant or is a member of a Partnership 0r Association of the Applicant	___	___

_____ _____
Date Signature of Applicant

Town of Brookhaven
Owners Consent Form

Date:_____

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Re: Application for a Relief of Covenant for _____

Suffolk County Tax Map Number _____

Dear Sir or Madam:

Please be advised that I am the owner of the record of the above referenced property and hereby consent to _____
(name of agent or contact vendee)
making an application for Relief of Covenants to the Planning Board.

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

Sincerely,

_____
(Signature of Owner)

_____
(Date)