

# Commercial Building Permit Checklist

- One (1) Set of construction plans, signed and sealed by a R.A. or P.E. with a digital copy.
- Workers Compensation and Disability Insurance for the contractor. The only Certificates of Insurance forms accepted are: Workers Compensation - C-105.2, SI-12, U-26.3, GSI-12, WC/DB-100, WC/DB-101 Disability - DB-120.1, DB-155. Town of Brookhaven must be named as Certificate Holder. Accord Forms will not be accepted. For additional information call Walter Peretti at NYS W/C Board: (518) 402-8330.
- One (1) Copy of each Certificate of Occupancy/Compliance for all existing a and uses.
- One (1) Copy of a Property Survey to Scale - Must be legible.
- One (1) Copy of Recent Property Tax Statement - Must be legible.
- Environmental Protection Approval. Call (631) 451-6455  
Required For: New Buildings, Additions, and any Exterior Work if located in a designated Environmentally Sensitive Area.
- Construction Cost Estimate, to be completed by Architect, Engineer, or General Contractor.
- Fire Prevention Permit with comments. (Located on 3rd floor) Call: (631) 451-6262  
Required For: New Buildings, Additions, any Alteration to a building, Fire Alarm work, Sprinkler System work and Flammable or Combustible Storage Tanks 100 Gallons (420 Pounds) or more.
- Historic District Approval. Call: (631) 451-6455  
Required For: New Buildings, Additions, and any Exterior Work if located in a designated Historic District.
- New York State Department of Transportation. Call (631) 952-6160  
Required For: Any work in the New York State Department of Transportation's Right of Way.
- Planning Division Approval (Site Plan or Administrative Approval) Call: (631) 451-6400  
Required for: New Buildings, Additions, any work to a site or work on the exterior of any building, any change in use to a property, building or tenant space, generators and the addition of any cellular antennas to an existing telecommunications tower.
- Suffolk County Department of Public Works. Call (631) 852-4100  
Required For: Any work in the Suffolk County Department Of Public Works Right of Way.
- Suffolk County Health Department Approval. Call: (631) 852-5700  
Required For: New Buildings, Additions, and any Change In Use to a building or tenant space.
- Town of Brookhaven Highway Work Permit. Call (631) 451-9200  
Required For: Any work in the Town of Brookhven Highway Department Right of Way.





**Town of Brookhaven  
Building Division**

One Independence Hill, Farmingville  
NY 11738 • Phone 631-451-6333 • Fax 631-451-6341

**Plumbing HVAC Worksheet**

Building Permit #: \_\_\_\_\_ Date of Permit: \_\_\_\_\_ Residential \_\_\_\_\_ **Commercial:** \_\_\_\_\_ Worksheet Date: \_\_\_\_\_

Location of Building: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	Other	Fee	Total Units	
Air Handlers						12.46		
Blowers/Boilers/Space Heaters/Furnace						12.46		
Central A. C.						12.46		
Bath Tubs						6.23		
Showers						6.23		
(Floor) Drains						6.23		
(Roof) Drains						6.23		
Hand Sink						6.23		
Kitchen Sinks						6.23		
Lavatories (Bathroom Sinks)						6.23		
Stacks (Number Of) Residential						24.92		
Stacks (Number Of) Commercial						31.14		
Urinals						6.23		
Water Closets (Toilets)						6.23		
Dishwasher						6.23		
Drinking Fountain						6.23		
Hot Water Supply – Oil/Gas Tank-less						6.23		
Hydronic Solar Collectors						18.69		
Indirect Waste						6.23		
In-ground Tank Installation						31.14		
Lawn Sprinklers						18.69		
Outlet (Future)						6.23		
Outside Hose Bibs						6.23		
Utility Sinks/Laundry Tubs						6.23		
Washing Machines						6.23		
Other ( )								
Other ( )								

Total Fees:

**Licensed Plumbers  
Signature**

Signature \_\_\_\_\_

Plumber's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Suffolk County Consumer Affairs License \_\_\_\_\_

Expiration Date: \_\_\_\_\_

New construction must have a plumber's signature.  
Owner's signature is acceptable only for an existing residential Dwelling where the owner is doing the plumbing work. 1-2017

**TOWN OF BROOKHAVEN  
TRANSACTIONAL DISCLOSURE FORM  
(Conflict of Interest Form)**

A Transactional Disclosure form is required when someone submits certain applications to Brookhaven Town. The purpose of the disclosure is to alert the Town if a party of influence has an interest in this application or if someone within the Town who will participate in the decision has an interest.

**\*Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

This form is for:

- |  |   |
|--|---|
| <input type="checkbox"/> An individual | <input type="checkbox"/> A partnership  |
| <input type="checkbox"/> A corporation | <input type="checkbox"/> An association |

**Nature of Application:**

- |  |  |
|--|--|
| <input type="checkbox"/> Tax Grievance for non-residential parcel  | <input type="checkbox"/> Variance                            |
| <input type="checkbox"/> Amendment                                 | <input type="checkbox"/> Change of Zone                      |
| <input type="checkbox"/> Approval of Plat                          | <input type="checkbox"/> Exemption from Plat or Official Map |
| <input type="checkbox"/> License or Permit affecting real property | <input type="checkbox"/> Bidding on contract(s)              |

Affected parcel (address) \_\_\_\_\_

Does any officer or employee of the Town of Brookhaven, member of an executive committee of a political party, or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? Yes \_\_\_\_ No \_\_\_\_

If Yes, complete the appropriate section below.

If No, sign and date at end of form.

**Please complete the following relevant section below:**

**For individual:**

Interested Party:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**For corporation:**

Interested Party:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Relationship to Public Officer/Employee and Title, if other than Self: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded.

Yes \_\_\_ No \_\_\_ The actual applicant,

Yes \_\_\_ No \_\_\_ An Officer, Director, Partner, or Employee of the applicant, or

Yes \_\_\_ No \_\_\_ 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.

**For partnership or association:**

Interested Party:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Relationship to Public Officer/Employee and Title, if other than Self: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Does the owner hold greater than five percent (5%) interest of publicly traded shares?

Yes \_\_\_ No \_\_\_ The actual applicant,

Yes \_\_\_ No \_\_\_ An Officer, Director, Partner, or Employee of the applicant, or

Yes \_\_\_ No \_\_\_ 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.

**ALL APPLICANTS PLEASE FILL OUT BELOW:**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_