

Commercial Sign Permit Checklist

- 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 buildings and uses. Please provide either a valid Building Permit or a Certificate of Compliance for the business you are requesting a sign permit for.
- One (1) Copy of a Property Survey to Scale - Must be legible. If applying for a Detached Ground Sign, please note the location and proposed setbacks from the adjacent property lines.
- One (1) Copy of Recent Property Tax Statement - Must be legible. Approval.
- Construction Cost Estimate, to be completed by Architect, Engineer, or General Contractor. Required For: Detached Ground Signs Only Cost of Construction Of: Foundation, Masonry & Structural Steel.
- Historic District Approval. Call: (631) 451-6455 Required For: New Buildings, Additions, and any Exterior Work if located in a designated Historic District.
- Traffic Safety Speed Limit. Call: (631) 451-6480 Required For: Detached Ground Signs Only Speed Limits on adjacent roadways obtained from Town of Brookhaven Traffic Safety.

**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 _____