



**COMMERCIAL CERTIFICATE OF ASSESSMENT APPLICATION**  
PLEASE CONTACT THE DEPARTMENT OF ASSESSORS WITH ANY QUESTIONS: (631) 451-6300

Please submit photocopies of the following items with your application. (No originals please, as they will not be returned to you)

- COPY OF BUILDING PERMIT
- COPY OF FINAL SURVEY
- COPY OF FINAL PLANS/SITE PLANS
- PHOTO OF FRONT, BACK AND SIDES OF EACH IMPROVEMENT

ONE CERTIFICATE OF ASSESSMENT PER PERMIT. AT LEAST TEN BUSINESS DAYS TO CERTIFY.

**APPROPRIATE FEE MUST BE SUBMITTED WITH ALL APPLICATIONS: NO CASH PAYMENTS ACCEPTED  
PAYABLE TO THE TOWN OF BROOKHAVEN BY CHECK MONEY ORDER or CREDIT CARD  
(CREDIT CARD TRANSACTIONS INCUR A 2.35% CONVENIENCE FEE OR A MINIMUM FEE OF \$1.50)**

THE FOLLOWING MUST BE COMPLETED IN FULL  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

APPLICANT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

BUILDING PERMIT #: \_\_\_\_\_

TYPE OF IMPROVEMENT: \_\_\_\_\_

S.C TAX MAP#: \_\_\_\_\_ ITEM#: \_\_\_\_\_  
DISTRICT SECTION BLOCK LOT

TOTAL SQ FT OF ADDITION AND/OR BUILDING: \_\_\_\_\_

MAP NAME: \_\_\_\_\_ LOT# \_\_\_\_\_ SECTION#/UNIT \_\_\_\_\_

MODEL NAME (CONDOMINIUM): \_\_\_\_\_

# OF BUILDINGS : \_\_\_\_\_ # OF STORIES : \_\_\_\_\_

EXTERNAL WALL TYPE: \_\_\_\_\_ HEATING TYPE: \_\_\_\_\_

BASEMENT TYPE (ON GRADE OR BELOW GRADE): \_\_\_\_\_

FULL: \_\_\_\_\_ PARTIAL: \_\_\_\_\_ SLAB: \_\_\_\_\_ CRAWL: \_\_\_\_\_

FOR OFFICE USE ONLY

DATE: \_\_\_\_\_ FEE: \_\_\_\_\_ CHECK#: \_\_\_\_\_ CONTROL#: \_\_\_\_\_

BUILDING PERMIT:  FINAL SURVEY:  FINAL PLANS:  PICTURES:  FORM COMPLETED:

PERMIT DESCRIPTION: \_\_\_\_\_ RECEIVING CLERK: \_\_\_\_\_

Department of the Assessor  
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