



RESIDENTIAL 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)

NEW HOUSE, ADDITIONS & ANY CONVERSIONS TO LIVING SPACE:

- COPY OF BUILDING PERMIT
- COPY OF FINAL SURVEY
- COPY OF FINAL PLANS
- PHOTOS OF ALL SIDES OF THE HOUSE

IMPROVEMENTS & MODIFICATIONS:

- COPY OF BUILDING PERMIT
- COPY OF FINAL SURVEY

ONE CERTIFICATE OF ASSESSMENT PER PERMIT. AT LEAST 10 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

PLEASE PRINT

APPLICANT NAME: _____

PHONE #: _____ EMAIL _____

PROPERTY ADDRESS: _____

BUILDING PERMIT #: _____

TYPE OF IMPROVEMENT: _____

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

CURRENT MARKET VALUE: _____

TOTAL SQ FT OF ADDITION: _____

MAP NAME: _____ LOT# _____ MODEL NAME: _____
(NEW CONSTRUCTION, CONDOS & HOAS ONLY)

#ROOMS: _____ #BEDROOMS: _____ #FULL BATHS: _____ #HALF BATHS: _____
(INCLUDING BEDROOMS)

#STORIES: _____ #KITCHENS: _____ #FIREPLACES: _____

STYLE: _____ EXTERNAL WALL TYPE: _____

HEATING TYPE: _____ HEATING FUEL: _____ CENTRAL AIR: _____

BASEMENT TYPE: 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: _____