

# **PUBLIC NOTICE**

## **RE: ENVIRONMENTAL SIGNOFF REQUESTS FOR DEMOLITION**

Effective Immediately, please be advised that all requests for environmental signoff on demolition permits will have a minimum two-day wait period and the following items are required to accompany all such signoff requests:

1. Completed Demolition Review Form (see attached).
2. Current color photographs of all sides of the structure proposed to be demolished.
3. A survey of the property showing the structure proposed to be demolished.
4. Any Certificates of Occupancy/ Zoning Compliance/ Existing Use for the structure proposed to be demolished.

Also, be advised that should the structure be found to have potential historical significance, a minimum two-week hold will be placed on the issuance of a signoff while further research, site inspection and outreach is conducted. If this is the case, you will be notified and involved in this process.

*This directive has been issued by the Commissioner of the Department of Planning, Environment & Land Management.*

*April 25, 2017*

**TOWN OF BROOKHAVEN DEMOLITION REVIEW FORM**

Property Owner: \_\_\_\_\_ Applicant (if different): \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Address \_\_\_\_\_ Hamlet \_\_\_\_\_

SCTM # 0200 - - -  
*District Section Block Lot(s)*

**Description of Action** *(Indicate if existing or proposed, if existing, please indicate when action occurred):*

\_\_\_\_\_

If demolition is proposed, indicate approximate age of structure(s): \_\_\_\_\_

Are you aware of any contaminants on the subject property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain & attach documentation: \_\_\_\_\_

Are there any restrictive covenants such as clearing limits or natural buffers on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide Filed Map Name, Section & Lot #, or BZA Hearing Date & Case # (please provide copy of same), which imposed such clearing limits or natural buffers & explain: \_\_\_\_\_

Is any tree clearing proposed at this time as a result of the proposed action? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has the property ever been the subject of a Wetlands Permit, Coastal Erosion Management Permit, Tree Clearing Permit or Historic District Advisory Committee (HDAC) Application? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate which, provide Log #(s), date(s) issued & explain: \_\_\_\_\_

**Certification:**

The applicant/owner of the property certifies that the above statements are true and agrees that the issuance of this release is based upon the accuracy thereof.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

**PLEASE BE ADVISED THAT A PERMIT IS REQUIRED FROM THE BUILDING DIVISION.**

**FOR OFFICE USE ONLY**

*Date Received:*

**Wetlands Permit Required:**  Yes  No

**Coastal Erosion Management Permit Required:**  Yes  No

**HDAC Review Required:**  Yes  No

*If Yes (circle one):* District Transition Landmark Other (i.e. SPLIA): \_\_\_\_\_

**Tree Clearing Permit Required: (residential zoning, two acres or greater)**  Yes  No

**Site Plan Required (non-residential use/commercial zoning):**  Yes  No

**Pine Barrens:**  Compatible Growth Area  Core Preservation Area

**Other:** \_\_\_\_\_

***NO FURTHER REVIEW REQUIRED AT THIS TIME OR PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE.***

***FURTHER REVIEW IS REQUIRED AT THIS TIME AS REFERENCED ABOVE.***

***FINAL INSPECTION WILL BE REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF COMPLIANCE, IN ACCORDANCE WITH REQUIREMENTS OF THE APPLICABLE APPLICATION.***

Comments: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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