



# TOWN OF BROOKHAVEN ACCESSORY APARTMENT APPLICATION

DIVISION OF BUILDING - James M. Tullo, Commissioner • Tara McLaughlin, Deputy Commissioner  
One Independence Hill, Farmingville, N.Y. 11738 • Phone 631-451-6333 • Fax 631-451-6341 • www.brookhavenny.gov

\* An Application for an Accessory Apartment Special Permit is to be administered through the Building Division.  
The completed application paperwork AND fee are to be submitted IN PERSON. See required items below.

**\*\*\* A BUILDING PERMIT FOR THE ACCESSORY APARTMENT WILL BE REQUIRED UPON APPROVAL \*\*\***

## REQUIREMENTS

- APPLICATION PAGE
- PAAL (Provisional Accessory Apartment License) **Owner Affidavit** (for all owners on Deed) - Signed and Notarized
- C/O's, CC's, CEU's, **Cert of Zoning Compliance** - Copies of **ALL** CERTIFICATES for the subject premises
- SURVEY - 2 Surveys to SCALE
- PLANS - 2 sets of Floor Plans of the ENTIRE HOUSE showing labeled rooms and their sizes, ceiling heights, (1st sty, 2nd sty, basement), and the size of all doors. Windows must clearly show the opening size for emergency egress (see town code for measurement requirements)  
**MUST BE REVIEWED BY PLANS EXAMINER PRIOR TO APPLICATION APPROVAL**
- DEED - Copy of ALL pages of the Recorded Deed
- PICTURES - of the house from front, rear, and sides as well as rear yard and front yard including driveway
- FIVE FORMS OF ID \* See below
- PROOF OF CORPORATION, LLC, TRUST (IF APPLICABLE)- Provide one of the following:  
The Articles of Organization or Corporation, Operating Agreement, LLC Membership Certification designating the signee as a corporate officer)
- FEE - Check made out to the Town of Brookhaven for \$150

## FIVE (5) FORMS OF ID (All must show physical address and be current)

### Picture ID (CHOOSE ONE)

- NYS Drivers License
- Non-Driver Id, or State / County issued ID

### Utility Bills (CHOOSE TWO)

- Cable / Telephone
- PSEG
- National Grid
- Cell Phone
- Suffolk County Water Authority

### Auto / Insurance Documents (CHOOSE ONE)

- Car Registration
- Homeowners and/or Auto Insurance

### Bank Statements (CHOOSE ONE)

- Checking or Savings account
- Credit Card Statement
- Mortgage Statement

## PROPERTY LOCATION

Suffolk County Tax Map (SCTM) # 0200 / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
District section block lot

## PROPERTY ADDRESS \_\_\_\_\_

## OWNER INFORMATION

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

**AGENT INFORMATION**

Authorized Agent Name \_\_\_\_\_ Expeditor Registration Number \_\_\_\_\_  
Agent Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**WORK DESCRIPTION**

Note if work is **Proposed** or **Existing** and the **Date** that existing work was performed.

**TRANSACTIONAL DISCLOSURE SHORT FORM**

This form is for a(an)  Individual  Corporation  Partnership  Association

Does any officer or employee of the Town of Brookhaven, member of an executive committee of a political party, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, or his/her spouse, brother, 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 and submit the full Transactional Disclosure Form.

**CERTIFICATION OF EXISTING STRUCTURES SHORT FORM**

I, (Print Owner/Agent Name) \_\_\_\_\_ declare that other than the above listed structures, all other improvements on the subject premises exist with the benefit of a building permit and/or a certificate of occupancy/compliance. I understand that if during the review process it is determined that additional structures/alterations exist without the benefit of a building permit or certificate the review process will be delayed and that additional permits and certificates will be required by the Building Division.  YES  NO If NO, complete and submit the full Certification of Structures Form.

**SIGNATURE**

(Complete ONLY one of the following sections)

**SECTION 1 If NOT using an agent**

I declare under penalty of perjury that I am the property owner for the above address and I personally completed the above information and certify its accuracy.

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

Owner Signature \_\_\_\_\_

**SECTION 2 If USING AN AGENT sign and notarize**

Authorization: I, \_\_\_\_\_ authorize the agent listed below to act on my  
Print OWNER Name

behalf in all matters concerning this application. Print Agent Name \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public

Notary Stamp

Sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

**\*\* YOU WILL BE CONTACTED WITH FURTHER INSTRUCTIONS PERTAINING TO YOUR RESPONSIBILITIES REGARDING AFFIDAVIT OF MAILING, NOTICE TO NEIGHBORS, MAIL RECEIPTS\*\***



# TOWN OF BROOKHAVEN PAAL OWNER AFFIDAVIT

## PROVISIONAL ACCESSORY APARTMENT LICENSE

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I, \_\_\_\_\_ being duly sworn, depose and say that I reside at  
\_\_\_\_\_ and that I am the owner of the premises known  
as \_\_\_\_\_, SCTM Number \_\_\_\_\_ and that

I have read the foregoing Accessory Apartment Application and know the contents thereof, that I make the foregoing petition for the Provisional Accessory Apartment License. I will comply with all New York State Uniform Fire Prevention and Building Code requirements, as well as all Town of Brookhaven Code requirements pertaining to the Provisional Accessory Apartment License and will meet these standards within ninety (90) days of the granting of the license or the license will become null and void.

In consideration for the granting of permission for an Accessory Apartment, I consent to periodic inspections of the subject premises during reasonable hours so that it may be determined that the premises remain in substantial compliance with the representations set forth in the application herein, and that any tenancies that I may grant shall be subject to such inspection(s).

I further agree that any extension of said Provisional Accessory Apartment License shall terminate upon my death, upon the transfer of the title, or if the premises is no longer my principal residence.

I further swear/affirm that I am not a registered sex offender and that should I ever register as a sex offender during the course of having a Provisional Accessory Apartment License, I shall notify the Town of Brookhaven Building Department within 10 days of said registration and I acknowledge that my permit and/or Provisional Accessory Apartment License will be deemed null and void immediately upon my registration as a sex offender.

I further swear/affirm that I am making such representations with full knowledge that the Town of Brookhaven is relying on these statements as a basis for the issuance of a Provisional Accessory Apartment License

I further acknowledge that the Town of Brookhaven may submit a copy of this affidavit in any proceeding seeking to enforce any code, ordinance or regulation where it is alleged that I have breached a material representation made herein.

I further acknowledge that I shall be liable for all direct and indirect costs incurred by the Town of Brookhaven to obtain compliance and that costs shall be charged against the above referenced real property.

I have read this affidavit, had the opportunity to review it, and have retained a copy. I understand that the original affidavit will be made part of the permanent record of the Accessory Apartment Application for the dwelling.

Signature of Owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_



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\_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_



# TOWN OF BROOKHAVEN AFFIDAVIT OF MAILING for Accessory Apartment Hearing

DIVISION OF BUILDING - James M. Tullo, Commissioner • Tara McLaughlin, Deputy Commissioner  
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**PERMIT #** \_\_\_\_\_

**PROPERTY LOCATION**

Suffolk County Tax Map (SCTM) # 0200 / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
District section block lot

**PROPERTY ADDRESS** \_\_\_\_\_

**LIST PROPERTY OWNERS IMMEDIATELY ADJACENT & CONTIGUOUS TO THAT OF  
THE APPLICANT INCLUDING OWNERS OF PROPERTY SEPARATED FROM THAT  
OF THE APPLICANT BY A PUBLIC ROAD OR RIGHT-OF-WAY**

FIRST AND LAST NAMES	ADDRESS
1	
2	
3	
4	
5	
6	

I HEREBY CERTIFY that the above named persons are all property owners immediately adjacent and contiguous to that of the applicant including owners of property separated from that of the applicant by a public road or right-of-way and that all those property owners were notified by certified mail-return receipt requested.

\_\_\_\_\_  
**Owner / Agent Signature**

\_\_\_\_\_  
**Owner Address**

Notary Public	Notary Stamp
Sworn to me this _____ Day of _____ 20____  Notary Public _____	