



Town of Brookhaven Long Island

GENERAL INFORMATION & INSTRUCTIONS FOR A SPECIAL PERMIT FOR AN ACCESSORY APARTMENT

An application for a special permit for an accessory apartment is to be obtained from the Building Division. The completed application paperwork and the application fee are to be submitted **IN PERSON** to the Accessory Apartment Review Board in the Building Division:

- A. **APPLICATION** signed and notarized.
- B. **FIVE SETS** of **FLOOR PLANS** of the **ENTIRE HOUSE**. Plans are to show rooms and their sizes, as well as ceiling heights (1st sty, 2nd sty, basement/cellar), size of all doors; windows must show clear opening size for emergency egress (see diagram on how measurements should be taken). All rooms are to be labeled. **PLANS TO BE REVIEWED BY PLANS EXAMINER PRIOR TO APPLICATION.**
- C. **TWO COPIES** of your property **SURVEY** to SCALE
- D. Copy of all pages of your **RECORDED DEED.**
- E. **PAAL OWNER AFFIDAVIT**
- F. **FEES of \$150.** If paying by check, it is payable to the Town of Brookhaven.
- G. Copies of all **CERTIFICATE(S) OF OCCUPANCY** issued for the subject premises.
- H. **DISCLOSURE AFFIDAVIT**
- I. **PICTURES** of house from front, rear, and sides as well as rear yard & front yard including driveway.
- J. **CERTIFICATION OF STRUCTURES FORM**
- K. Copy of **Notice of Proposed Application** sent to all adjacent and contiguous property owners by certified mail-return receipt requested. Property owners and their addresses must be obtained from the Assessor's Office, One Independence Hill, Farmingville, New York 11738. **FORMS NOT AVAILABLE ON LINE**
- L. **Affidavit of Mailing** listing all adjacent and contiguous property owners as provided by the Assessor's Office. **FORMS NOT AVAILABLE ON LINE**
- M. **Green receipts, white receipts and undelivered envelopes** (if any) from the certificate mailing of the notices.
- N. If and when your accessory apartment application is approved, a **BUILDING PERMIT MUST BE OBTAINED** by the applicant for the work to be done and/or the change of use to an accessory apartment.
The following are some of the requirements that must be met (time shall be allotted) in order to grant temporary Certificate of Occupancy for an accessory apartment:
 - The house must be owner-occupied.
 - The premises of the applicant must have one on-site paved (asphalt or concrete) parking space per dwelling unit. Each parking space must have independent access to the roadway.
 - The accessory apartment minimum size is 300 square feet and the maximum size is 40% of the total house habitable area, not to exceed 650 square feet. (See 85-201.B(3) for larger accessory apartment sizes under extenuating circumstances.)
 - There shall be no more than one bedroom per accessory apartment. There shall be no more than one accessory apartment per lot.
 - The dwelling and premises must comply with all applicable requirements of the New York State Uniform Fire Prevention and Building Code and the Brookhaven Town Code.
 - Cellar apartments are permitted under certain circumstances, or with a variance from the N.Y. State Board of Review.

Upon receipt of the completed application, the Building Division will inspect the dwelling and premises, review the application and make recommendations to the Accessory Apartment Review Board. The Accessory Apartment Review Board will inform the applicant of such item(s) (if any) that must be complied with to bring the dwelling and/or premises up to State and Town codes. All such requirements must be met within 90 days from the date the building permit is issued.

A public hearing shall be held for each accessory apartment application before the Accessory Apartment Review Board. The date for the public hearing shall be set and the public shall be notified of such hearing in an official newspaper at least 5 days prior to the hearing. Applicants must notify all adjacent and contiguous property owners at least 12 days prior to such public hearing by certified mail-return receipt requested. All such notices will be provided to the applicant by the Building Division. **All applicants must be present at their public hearing.**

For further information, call **(451-6342)** Monday through Friday, 9a.m.-4:30 p.m. or visit the Building Division Monday through Friday 9a.m.-4:30p.m



Town of Brookhaven Long Island

Building Permit Application

APPLICATION is hereby made for a permit to do the following work, which will be done in accordance with the description, survey and plans submitted pursuant to Section 57 of the Worker's Compensation Law, Zoning Ordinances, Building Code and all other applicable ordinances and laws. Article 15 of the Executive Law of the State of New York, Section 296-5 (A) (1) prohibits discrimination in the sale, rental or lease of housing accommodations because of race, creed, color or national origin.

Select All That Apply

<input type="checkbox"/> Residential Building Permit	<input type="checkbox"/> Commercial Building Permit	<input type="checkbox"/> Record Search	<input type="checkbox"/> Certificate of Existing Use	<input type="checkbox"/> Plumbing Work Form (attached)
<input type="checkbox"/> Accessory Apartment License	<input type="checkbox"/> House Rental License (supplement appl. needed)	<input type="checkbox"/> Letter of Correction	<input type="checkbox"/> Renewal of permit/license# _____	

Property Suffolk County Tax Map Number - District 0200 Section _____ Block _____ Lot(s) _____

Property Owner Name _____ Phone _____ eMail _____

Property Owner Current Address: _____ Zip _____

Authorized Agent/Attorney Name _____ Phone _____ eMail _____

Authorized Agent/Attorney Address _____

Property located at No. _____ N.S.E.W. side _____ Distance _____

N.S.E.W. of _____ Town _____ NY

Description/ Request/Use/Size of proposed work _____

Project Name (if applicable): _____

Owner Certification	
I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.	
Owner Print Name _____	Signature _____ Date _____
OR	
Agent Authorization	
I hereby authorize _____ to act as my agent(s) to apply for, sign, and file the documents necessary to obtain a Building Permit / License for the project, as described above. Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.	
County of _____ State of New York	Owner Print Name _____ Signature _____
On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. Notary Public State of New York	
Print Name _____	Signature _____
Commission Number _____	Expiration Date _____

Building Division • Phone 631-451-6333 • Fax 631-451-6341

Each application must be typewritten or printed and have all information answered. Incomplete or illegible applications will not be accepted.



Town of Brookhaven Long Island

PAAL Owner Affidavit

I, _____ being duly sworn, depose and say that I reside at _____ and that I am the owner in fee 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____

Notary Public, County of Suffolk

Building Division

One Independence Hill, Farmingville, NY 11738 · Phone 631-451-6333 · Fax 631-451-6341

**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:

- An individual A partnership
 A corporation An association

Nature of Application:

- Property Assessment Grievance for non-residential parcel Variance
 Amendment Change of Zone
 Approval of Plat Exemption from Plat or Official Map
 License or Permit affecting real property 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 _____



Town of Brookhaven Long Island

Certification of Structures

3-2019

Must be completed by the owner for:

*Suffolk County Tax Map Number: 0200 _____ / _____ / _____

Item Number: _____

*Suffolk County Tax Map Number and Item Number can be found on your Tax Bill

Please check below all structures or improvements currently located on the property. In order to receive a Certificate of Occupancy or equivalent for the proposed work all structures and/or improvements must be certified by the Town of Brookhaven.

	Primary Structure (e.g. main house)
	Detached Garage
	Garage Conversion
	Barn
	Apartment
	Swimming Pool/Hot Tub
	Greenhouse
	Finished Basement
	Outside Basement Entrance
	Fireplace(s)
	Porches/Screened Porches
	Wood Platforms/Ramps
	Fence(s)
	Gazebo(s) How many?
	Shed(s) How many?
	Deck
	Addition
	Modification
	Other
	Covenants or Restrictions such as Clearing Limits or Natural Buffers
	Sports Court
	Outdoor BBQ area/Outdoor Kitchen

I do hereby certify that all statements made by me in this certification of structures are true and correct to the best of my knowledge, information and belief, further, I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for punishment in accordance with all applicable laws and statutes.

Owner Name: (Print) _____ Date: _____

Signature: _____

Physical Property Address: _____

Mailing Address, if different: _____

Phone Number: _____

Email Address: _____



Town of Brookhaven Long Island

(Item# _____)

(SCTM# _____)

AFFIDAVIT OF MAILING

PROPERTY OWNERS IMMEDIATELY ADJACENT & CONTIGUOUS TO THAT OF THE APPLICANT INCLUDING OWNER(S) OF PROPERTY SEPARATED FROM THAT OF THE APPLICANT(S) BY A PUBLIC ROAD OR RIGHT-OF-WAY:

FIRST AND LAST NAMES	ADDRESSES
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

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

(Owner's Signature)

(Owner's Address)

Sworn to before me this ____ day of _____, _____.

Notary Public, County of _____

Building Division

Beth Ann Reilly, Commissioner

Angus Graham, Chief Building Inspector

One Independence Hill • Farmingville, NY 11738 • Phone (631) 451-6333 • Fax (631) 451-6341

3-2020