



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.

RENTAL REGISTRATION APPLICATION
NON-OWNER OCCUPIED DWELLINGS
NOT INCLUDING FIRE ISLAND

1. PROPERTY INFORMATION

a. Street Address Location _____

b. Tax Map Number 0200 - _____ - _____ - _____

2. OWNER'S INFORMATION

a. Name _____

(Print)

b. Address (No Post Office Box):

(Number) (Street) (City) (State) (Zip)

c. Telephone Number _____
(Area Code) (Home Number)

(Area Code) (Work Number)

d. E-Mail Address _____

3. APPLICANT INFORMATION

a. Check if applicant is: ____ Owner ____ Operator ____ Agent

b. Name: _____

c. Address of Operator or Agent: (No Post Office Box):

(Number) (Street) (City) (State) (Zip)

4. ALTERNATE CONTACT FOR EMERGENCIES

Owners who reside further than 25 miles outside the Town of Brookhaven, must designate an alternate contact who will respond to calls from Police, Fire, Emergency or Town Inspections personnel when attempts to contact the owner/agent have failed, the owner is unavailable to respond in a timely manner or the owner is unable to be physically present at the residence when required by above noted entities. The designated alternate contact person must be located in the Town of Brookhaven or within twenty-five (25) miles of the Town of Brookhaven.

a. Name _____
(Print)

b. Address (No Post Office Box):

(Number) (Street) (City) (State) (Zip)

c. Telephone Number _____
(Area Code) (Home Number)

(Area Code) (Work or Mobile Number)

d. E-Mail Address _____

5. **FILL OUT THIS SECTION IF RENTAL UNIT IS A HOUSE, CONDO OR CO-OP**

TYPE OF DWELLING check one: House Condo Co-op

Occupancy, Bedroom /50 sqft., divide by 50 sqft. Per person

(Minimum bedroom size limited to 70 sqft.)

1. Bed _____ sqft.	Number of Persons _____
2. Bed _____ sqft.	Number of Persons _____
3. Bed _____ sqft.	Number of Persons _____
4. Bed _____ sqft.	Number of Persons _____
5. Bed _____ sqft.	Number of Persons _____
6. Bed _____ sqft.	Number of Persons _____
	Sub total _____

Living Room _____ sqft.

- _____ <120 sqft, Insufficient
- _____ ≥120 sqft., 1-5 persons.
- _____ ≥150 sqft., 6 or more persons

Dining Room _____ sqft.

- _____ < 80 sqft., 1-2 persons.
- _____ ≥ 80 sqft., 3-5 persons.
- _____ ≥ 100 sqft., 6 or more persons.

Liv/Din Combo Room. _____ sqft.

(one large dual-purpose room)

- _____ < 120 sqft, Insufficient
- _____ ≥ 120 sqft., 1-2 persons.
- _____ ≥ 200 sqft., 3-5 persons.
- _____ ≥ 250 sqft., 6 or more persons.

Max Occupancy per 2015 IPMC, section 404. _____ persons.

FOR OFFICE USE ONLY

FEE:

- One (1) Bdrm. \$95.00
- Two (2) Bdrms. \$160.00
- Three (3) Bdrms. \$220.00
- Four (4) Bdrms. \$285.00
- More than 4 \$345.00
- Plus \$100.00 for each bedroom in excess of 4

TOTAL FEE _____

6. FILL OUT THIS SECTION IF RENTAL UNIT IS A MULTI-UNIT COMPLEX

Building # _____ Apartment # _____ Unit Model _____

CALCULATIONS for HABITABLE ROOMS

Occupancy, Bedroom sqft. Divide by 50 sqft. Per person.

(Minimum bedroom size limited to 70 sqft.)

1. Bed _____ sqft.	Number of Persons _____
2. Bed _____ sqft.	Number of Persons _____
3. Bed _____ sqft.	Number of Persons _____
4. Bed _____ sqft.	Number of Persons _____
5. Bed _____ sqft.	Number of Persons _____
6. Bed _____ sqft.	Number of Persons _____
	Sub Total _____

Living Room _____ sqft.
 _____ < 120 sqft., Insufficient
 _____ ≥ 120 sqft., 1-5 persons.
 _____ ≥ 150 sqft., 6 or more persons

Dining Room _____ sqft.
 _____ < 80 sqft., 1-2 persons.
 _____ ≥ 80 sqft., 3-5 persons.
 _____ ≥ 100 sqft., 6 or more persons.

Liv/Din Combo Rooms _____ sqft.
 (One large dual-purpose room)
 _____ < 120 sqft., Insufficient
 _____ ≥ 120 sqft., 1-2 persons.
 _____ ≥ 200 sqft., 3-5 persons.
 _____ ≥ 250 sqft., 6 or more persons.

Max Occupancy per 2015 IPMC, section 404. _____ persons.

FOR OFFICE USE ONLY

Total Number of Units _____ Total Number of Buildings _____

Duplicate the above Section 6 for each different type of rental unit.

FEE:

4 to 50 Units	\$1,000.00
51 to 100 Units	\$1,500.00
101 to 200 Units	\$2,500.00
Over 200 Units	\$5,000.00

TOTAL FEE _____

NOTE: It shall be unlawful and a violation of Chapter 82 for any person or entity who owns a rental dwelling unit in the Town of Brookhaven to allow more than four (4) persons per bedroom in said rental dwelling unit.

7. **TOTAL USABLE FLOOR AREA OF HABITABLE ROOMS:** _____
 (Do not include cellar, kitchen or bathroom space. Do not include basement space unless, in addition to the other provisions of Chapter 82 (Town of Brookhaven Code) and the New York State Uniform Fire Prevention and Building Code: leakage, runoff and dampness requirements are met; minimum aggregate glass area of windows (above grade) is satisfied; and the basement space complies in all respects with the New York State Uniform Fire Prevention and Building Code. Please refer to Chapter 82-7, C. (T. O. B. Code attached) for ceiling height requirements.)
8. **Do you have/will you be adding, any additional bedrooms to the/any rental dwelling unit?**
 (Any additions of bedrooms to a rental dwelling unit shall require Suffolk County Health Department approval unless an existing Certificate of Occupancy specifically covers such.) _____
9. **Does/Do the/all rental dwelling unit(s) have a dining area and recreation area in the dwelling structure?** _____
10. **Was the dwelling unit(s) built prior to 1937?** _____
 (Refer to Section 82-7, C. and G. for structures built prior to 1937.)
11. **Is this dwelling unit a residential care facility established under Federal, New York State or Suffolk County guidelines or is it utilized by occupants that are in an established care program?** _____
12. **Is the applicant is a not-for-profit housing development corporation organized under the laws of the State of New York, and is providing housing for senior citizens or other designated special populations subject to income guidelines established by either federal or state regulation?** _____
13. **The owner and the alternate are required to maintain a current list of the dwelling' occupants. Upon request by Town Inspectors, Police, Fire or other emergency personnel, the owner or Alternate is required to present the list of occupants.**

Additionally, owners are required to list the names of tenants on all submitted rental applications. When there is/are no tenant(s) identified at the time of the rental application, an owner must submit an Updated tenant list to the Town within 15 days of rental property occupancy by tenants. An updated list must be submitted within 15 days each time a new tenant is added or an existing tenant vacates the premises.

Designate if: Tenant Information Attached Tenant Information To Be Submitted

The Town of Brookhaven reserves the right to submit information from rental applications to the Internal Revenue Service and/or the New York State Department of Taxation and Finance.

STATE OF NEW YORK)

SS:

COUNTY OF SUFFOLK)

_____ being duly sworn, deposes and says
OWNERS NAME (Line #1 Above, Print)

that he/she reside(s) at _____

in the Town of _____, in the County of _____

and the State of _____, and that he/she is/are the owner(s) in fee of the premises described in the foregoing petition and that he has/have read the foregoing application and know(s) the contents thereof; that the same is true to his/her/their knowledge; and that he make(s) the foregoing petition for a permit for Temporary Rental Registration and further that I/we will comply with all New York State Building Code Requirements and Town of Brookhaven Requirements pertaining to Rental Registration and will meet these standards within ninety (90) days of the granting of the Temporary Rental Registration or the permit will become null and void. I further state that I have received a copy of and fully understand the Brookhaven Town Code concerning the restrictions on the number of unrelated persons occupying said residence.

Signature

Signature

Sworn to be me this _____

Day of _____, 20

Notary Public

The following persons are tenants residing at the property for which this application is for identified as _____.

(Address)

Name (Please Print)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

The following excerpts of Town Code regulate the use of a dwelling unit.

Chapter 85-1 Definitions FAMILY

[Amended 7-22-2003, effective 8-11-2003; 8-28-2012 by L.L. No. 21-2012, effective 9-11-2012]

- (1) The following groups shall be considered a family:
 - (a) Any number of persons related by blood, marriage, legal adoption or legal foster relationship, living and cooking together as a single, nonprofit housekeeping unit;
 - (b) Four or more persons occupying a single dwelling unit and living together as a traditional family or the functional equivalent of a traditional family.
- (2) It shall be presumed that four or more persons living in a single nonprofit dwelling who are not related by blood, marriage, legal adoption or legal foster relationship do not constitute the functional equivalent of a traditional family. This presumption can be overcome only by a showing that, under the standards enumerated in Subsection C hereof, the group constitutes the functional equivalent of a traditional family. A determination as to the status of such group may be made in the first instance by the Chief Building Inspector or his designee, or on appeal from an order, requirement, decision or determination made by him, by the Zoning Board of Appeals in conformance with this Chapter **85** of the Brookhaven Town Code.
- (3) In determining whether four or more persons living in a single nonprofit dwelling who are not related by blood, marriage, legal adoption or legal foster relationship constitute the functional equivalent of a traditional family pursuant to Subsection A(2), the following factors shall be evaluated:
 - (a) The group is one which lives and cooks together as a single housekeeping unit, shares expenses for food, rent, ownership costs, utilities and other household expenses. A unit in which the various occupants act as separate roomers may not be deemed to be occupied by the functional equivalent of a traditional family.
 - (b) The group is of a permanent and stable nature and is neither a framework for transient or seasonal living nor merely an association or relationship which is transient or seasonal in nature. Nothing herein shall preclude the seasonal use of a dwelling unit by a group which otherwise meets the standards of this subsection at its permanent residence. Evidence of such permanence and stability includes, but is not limited to:
 - [1] The presence of minor children regularly residing in the household who are enrolled in a local school.
 - [2] Members of the household have the same address for the purposes of voter registration, drivers' licenses, motor vehicle registration, filing of taxes and delivery of mail.
 - [3] Members of the household are employed in the area.
 - [4] The household has been living together as a unit for a year or more, whether in the current dwelling or in other dwelling units.
 - [5] The existence of a head of the household that cares for the occupants in a family-like living arrangement.
 - [6] Common ownership of furniture and appliances among the members of the household.
 - [7] Any other factors reasonably related to whether or not the occupants are the functional equivalent of a family.
- (4) All other requirements of this chapter regarding the use and occupancy of a residence for one family shall be complied with.
- (5) Any determination under this subsection shall be limited to the status of a particular group of persons as a family and shall not be interpreted as authorizing any other use, occupancy or activity.
- (6) In no case shall a residence for a single family be occupied by more than the number of persons permitted under the standards presented in this chapter.
- (7) Floor plans of the dwelling unit shall be submitted to the Chief Building Inspector or his designee, and on appeal if necessary to the Zoning Board of Appeals, and must conform to all Town and state laws, regulations and codes.
- (8) There shall be at least one room which is not designed as a conventional bedroom, bathroom, foyer, storage area or closet.

(9) The Chief Building Inspector, or his designee, or the Zoning Board of Appeals may impose such conditions and safeguards as it shall deem reasonable, necessary and/or advisable in order to maintain the stability and character of the neighborhood and protect the health, safety and welfare of the community.



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
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 _____