TOWN OF BROOKHAVEN
ACCESSORY APARTMENT
LICENSE APPLICATION

DIVISION OF BUILDING - James M. Tullo, Commissioner

● **Rick Cunha,** Deputy Commissioner ● **Andreas Sofoklis**, Chief Building Inspector

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.

ACCESSORY APARTMENT LICENSE IS VALID FOR 2 YEARS

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

****Properties must be deeded to an individual(s). Entities" (such as corporations, LLCs, etc) do not qualify for an accessory apartment license****

REQUIREMENTS

√	**APPLICATION PAGE**
√	**RESIDENTIAL DWELLING OWNERSHIP AFFIDAVIT**
√	**PAAL** (Provisional Accessory Apartment License) For all adult occupants including deed holder signed and notarized.
√	**DEED** - Copy of **ALL** pages of the ***RECORDED DEED***
√	**PICTURES** - **1.** Front yard with house and driveway **2.** Rear yard with house and full rear yard **3.** Sides yard with house
√	**FEE - $250** (check or money order payable to Town of Brookhaven)
√	**FIVE COPIES (ONLY) OF PROOFS OF RESIDENCE** ** Accepted forms of identification are listed below*

Picture ID (SELECT 1)	Auto / Home (SELECT 1)	Statements (SELECT 1)	Utility Bills (SELECT 2)
NYS Drivers License	Car Registration	Checking or Savings account	Cable / Cell Phone
Non-Driver Id or State / County ID	Homeowners or Auto Insurance	Credit Card Statement	PSEG / National Grid /
		Mortgage Statement	Suffolk County Water Authority

PROPERTY LOCATION

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

PROPERTY ADDRESS - _____

Number, Street, City, Zip

OWNER INFORMATION

Owner Name _____

Mailing Address _____

Email _____ Phone _____

AGENT INFORMATION

Authorized Agent Name_____

Agent Address _____

Phone _____ Email _____

TOWN OF BROOKHAVEN
ACCESSORY APARTMENT
LICENSE APPLICATION continued

DIVISION OF BUILDING - James M. Tullo, Commissioner

● **Rick Cunha,** Deputy Commissioner ● **Andreas Sofoklis**, Chief Building Inspector

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.

IF YOU ARE USING AN AGENT for this application complete this section

Authorization: I, _____ authorize the agent listed below to act on my behalf in all matters concerning this application.
Owner Name

Authorized Agent Name_____

Owner Signature _____

STAMP

NOTARY

Sworn to me this _____ Day of _____ 20 ____

Notary Public _____

IF NO AGENT is being used complete this section

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 _____

RESIDENTIAL DWELLING OWNERSHIP AFFIDAVIT

STATE OF NEW YORK

COUNTY OF SUFFOLK

I _____ being duly sworn, deposes and says
Owner's Name

that I reside at _____
Street Address

in the Town of _____, in the County of _____

and the State of _____, and that I am the owner of the premises described

in the foregoing petition and that I additionally own the following dwellings located within the Town of Brookhaven:

1 _____

2 _____

3 _____

4 _____

5 _____

Signature _____

Signature _____

Notary Public	**Notary Stamp**
Sworn to me this _____ Day of _____ 20 _____ Notary Public _____ Commission Number_____ Expiration Date _____	

TOWN OF BROOKHAVEN
PAAL OWNER AFFIDAVIT
PROVISIONAL ACCESSORY APARTMENT LICENSE

I, _____being duly sworn, depose and say that I reside at

at the premises known as _____,
number, street, city, zip

SCTM Number _____ , and that this is my PRIMARY and ONLY RESIDENCE, 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 1: _____ Date of **Birth**: _____

Signature of Owner 2: _____ Date of **Birth**: _____

Signature of Owner 3: _____ Date of **Birth**: _____

Sworn to before me this _____ day of

_____, 20_____

_____