



TOWN OF BROOKHAVEN

BUILDING PERMIT 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

APPLICATION REQUIREMENTS

✓	APPLICATION PAGE
	PLUMBING WORKSHEET - <i>(if applicable)</i> required if the project includes any type of plumbing work
	RISER DIAGRAM - for gas lines
	SPECIFICATIONS for MANUFACTURERS EQUIPMENT - <i>(if applicable)</i> for all equipment being installed
✓	WORKERS COMPENSATION FORM - <i>(for proposed work)</i> Acceptable Workers Compensation forms are: C-105.2, U-26.3, GSI-105.2, SI-12, CE-200
✓	DISABILITY INSURANCE FORM - <i>(for proposed work)</i> Acceptable Disability forms are: CE-200, DB-120.1, DB-155
	CE-200, <i>(Certificate of Attestation of Exemption Form)</i> if work is to be performed by homeowner
	COST ESTIMATE (ITEMIZED) from Vendor <i>(if applicable)</i> The following require cost estimates: <i>Alterations/Renovations, Basement Egress, Chicken/Pigeon Coops, Firepit, Fireplace, Gazebo, Outdoor (fixed) BBQ/Kitchen, Pergola, Roof Over, Trellis</i>
✓	CERTIFICATES of Occupancy, Compliance, Existing Use, Zoning Compliance (All Certificates are required)
✓	SURVEYS - 2 Original to scale, SIGNED & STAMPED by surveyor dated within one year of application. PROPOSED STRUCTURES must be shown on the survey. (Note: proposed structures may be hand drawn and must show dimensions and setbacks to property lines)
✓	PLANS - 3 sets and a digital PDF copy if available
✓	PERMIT FEE - payable by check or money order only to the Town of Brookhaven
When applicable the following may also be required	
	DEED - Copy of RECORDED DEED (if property has been owned for less than a year)
	PROOF OF CORPORATION, LLC, TRUST - Articles of Organization / Corporation, Proof of Trust
	WETLANDS APPROVAL - from DEP (Dept. of Environmental Protection) (631-451-6400) May require NY S Dept. of Environmental Conservation
	HDAC APPROVAL (Historic District Advisory Committee) (631-451-6400)
	SUFFOLK COUNTY HEALTH DEPT. APPROVAL - original stamped survey required (631-852-5700)
	PLANNING DEPT. APPROVAL - (original stamped survey) (631-451-6400)
	HIGHWAY DEPT. APPROVAL - (631-451-9200)
	FIRE PREVENTION APPROVAL - (631-451-6262)
	TRANSACTIONAL DISCLOSURE FORM - *See Bldg Permit Application
	HOME OWNERS ASSOCIATION APPROVAL
	BZA APPROVAL - Board of Zoning Appeals Grant Letter (if variance was required)

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 BUILDING PERMIT APPLICATION cont

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WORK DESCRIPTION (Specify if work is Proposed or Existing)

TRANSACTIONAL DISCLOSURE SHORT FORM

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.

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

***** Permits and certificates are issued for the specific items as applied for and should not be construed to imply full compliance with all structures on the property *****

***** 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, Building Code and all other applicable ordinances and laws. Article 15 of the Executive Law of the Zoning Ordinances, 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. *****

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 _____

NOTARY

Sworn to me this _____ Day of _____ 20 _____

Notary Public _____

STAMP

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 _____



TOWN OF BROOKHAVEN PLUMBING WORKSHEET

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****PROPANE TANKS OVER 100 GALLONS REQUIRE FIRE PREVENTION PERMIT****

****ANY NEW OR ALTERED PIPING REQUIRES A RISER DIAGRAM****

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MARK TOTAL UNITS OF EACH FIXTURE for this project																																																																										
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