

# RESIDENTIAL PERMIT APPLICATION

TOWN OF ISLIP BUILDING DIVISION  
1 Maniton Court, Islip, NY 11751

PERMIT(S) REQUESTED (Check one or more)

- Building Permit (must be issued before work starts)
- Main Building       Addition
- Accessory Building    Addition    Interior Alteration
- Interior Arrangement
- Fire Damage Repair
- Fireplace/Wood Coal Stove
- Swim/Pool       In-ground       Above
- Hot Tub      4 Foot Safety Fence Required
- Change of Use/Occupancy
- Demolition (valid only 4 months)
- Revision of Issued permit
- Truss Sign \$50    Other:
- \_\_\_ # of Existing Bedrooms
- \_\_\_ # of Proposed Bedrooms
- \_\_\_ # **TOTAL BEDROOMS**
- \_\_\_ Year Original DWLG Constructed

PROPERTY OWNER- Tel. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

PROPERTY ADDRESS- Tel. \_\_\_\_\_

Address \_\_\_\_\_

CONTRACTOR- Tel. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**BOARD OF APPEALS**

Granted \_\_\_\_\_

Denied \_\_\_\_\_

**SECRETARY**

I understand that before a building permit can be issued, adjoining street must meet minimum Town standards or be bonded for same and that a Certificate of Occupancy for work done under this permit will not be issued until road damage caused during construction is repaired or bonded for same. I understand that the Town is relying on the information provided herein; any inaccuracy may cause delay or additional fees. I swear that this application is a true and complete statement of all proposed work on the described premises, that I have in effect all required insurance, including workers compensation insurance, and that I presently possess a valid Suffolk County home improvement license, if applicable. \*This permit issuance expressly implies approval by the landowner of inspections required of the premises.

NAME \_\_\_\_\_  
(PRINT)

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER

Sworn to before me this \_\_\_ day \_\_\_ of 200\_\_

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

NAME \_\_\_\_\_  
(PRINT)

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR

County Home Improvement License # \_\_\_\_\_

Sworn to before me this \_\_\_ day \_\_\_ of 200\_\_

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

**Office Use Only**

Building \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Fireplace \_\_\_\_\_  
Front Foot \_\_\_\_\_  
Recreation \_\_\_\_\_  
Base Fee \_\_\_\_\_

**FINAL SURVEY REQ'D FOR CO Review**

Yes       No

Eng. Insp. Fee \_\_\_\_\_

Contr. Comm. Fee \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

ZONING \_\_\_\_\_ APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED TO ISSUE \_\_\_\_\_ DATE \_\_\_\_\_

SPECIAL CONDITIONS OF PERMIT \_\_\_\_\_

FLOOR AREA to be constructed or altered \_\_\_\_\_ total square feet

LL \_\_\_\_\_ UL \_\_\_\_\_ GAR \_\_\_\_\_ DECK \_\_\_\_\_

Basement \_\_\_\_\_ Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ Porch \_\_\_\_\_

Percent of Lot occupied:

Existing Main Structure \_\_\_\_\_ % Accessory Structures \_\_\_\_\_ %

Proposed Main Structure \_\_\_\_\_ % Accessory Structures \_\_\_\_\_ %

DATE FILED \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

By: \_\_\_\_\_ Expires \_\_\_\_\_

A permit shall expire one (1) year after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but not more than three one year renewals may be granted. No renewals are allowed on pools or second story decks.

1. SIZE & USE of existing structure \_\_\_\_\_
2. PROPOSED USE \_\_\_\_\_
3. DESCRIPTION OF PROPOSED WORK \_\_\_\_\_
4. FLOOR AREA to be constructed or altered \_\_\_\_\_ Total sq. feet of all floors excluding cellars and attic. Parking Lot Area \_\_\_\_\_ sq. feet
5. IF MASTER PLAN, identify: \_\_\_\_\_
6. SETBACKS: Distance new structure to be from property line after construction (corner lots) Front Yard \_\_\_\_\_ Other Front Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Other Side Yard \_\_\_\_\_
7. SIZE of property ( ) x ( ) = \_\_\_\_\_ sq. ft. or \_\_\_\_\_ Acres
8. HEIGHT of building from average grade to ridge \_\_\_\_\_ Feet \_\_\_\_\_
9. PROPERTY LOCATION: Post Office \_\_\_\_\_ Street \_\_\_\_\_ Side of Street       N  S  E  W Nearest Cross Street \_\_\_\_\_ Direction from Cross St.  N  S  E  W Distance from cross St. \_\_\_\_\_ ft. If on Corner    NE  SE  SW  NW School District \_\_\_\_\_
10. Are there any Property Covenants or Condition of Special Permits which would affect the development of this property? \_\_\_\_\_ If yes, please attach.
11. Name of Filed Map \_\_\_\_\_ Lot No. on Filed Map \_\_\_\_\_

**Important: Please be advised that by submitting the within application to the Town of Islip for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.**