



TOWN OF ISLIP DEPARTMENT OF PLANNING AND DEVELOPMENT
Building Division

Permits.....224-5466, 69
Records/Inspections.....224-5470
Plans Examiners.....224-5467, 68

ONE MANITTON COURT ISLIP, NEW YORK 11751 Phone (631) 224-5464 Fax (631) 224-5462
Phil Nolan, Supervisor

TEMPORARY TRAILER PERMIT REQUIREMENTS

- Application completely filled out and notarized
- Two (2) copies of survey
- H.U.D. Serial Number for Trailer

RESIDENTIAL PERMIT APPLICATION (revised 042908)

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

PERMIT(S) REQUESTED (Check one or more)
Numbers refer to questions on right

- Building Permit (must be issued before work starts)
- Commercial Industrial Residential
- Main Building Addition 1-4, 6, 8-10, 11
- Accessory Building Addition 1-4, 6-8, 11
- Interior Alteration 1-4, 8-10, 11
- Interior Arrangement 1-4, 6, 8-10, 11
- Fire Damage Repair 1-4, 6, 8-10, 11
- Fireplace/Wood Coal Stove 3, 9, 10, 11
- Swim/Pool In-ground Above 1-6, 9,10,11
Hot Tub 4 Foot Safety Fence Required
- Change of Use/Occupancy 1-4, 6, 7, 9,10, 11

TEMPORARY TRAILER 3 & 9

H.U.D. SERIAL NUMBER

This I.D. plate is placed on the rear/left of the temporary trailer

PROPERTY OWNER - Tel. _____

Name _____

Address _____

PROPERTY ADDRESS - Tel. _____

Address _____

CONTRACTOR - Tel. _____

Name _____

Address _____

BOARD OF APPEALS

GRANTED: _____

DENIED: _____

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

Office Use Only

0500- _____ Building _____
Address _____ Parking Lot _____
Post Office _____ Fireplace _____
Receipt # _____ Front Foot _____
Base Fee _____ Apron _____
Recreation _____

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 _____

DATE FILED _____ DATE ISSUED _____

By _____ Expires _____

A Temporary Trailer permit shall expire three (3) months after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but not more than two three (3) month renewals may be granted.

TEMPORARY TRAILER

Two (2) copies of survey required

1. SIZE & USE of existing structures _____
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. Ft.
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 _____

Name _____
(Print)

(Signature of Contractor)

County Home Improvement License# _____

Sworn to before me this ____ day ____ of 200__

Notary Public Signature