



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

POD REQUIREMENTS

We will entertain allowing portable storage units on residentially zoned parcels while a home is under construction.

These will be allowed with a permit:

- a. application
- b. manufacturers specs/instructions
- c. in conjunction with building permit for three months only with one renewal

This will be considered: temporary use of a temporary structure as per 68-47.1.

No zoning criteria currently, but additional requirements may be added subject to complaints, etc.

PERMIT APPLICATION (revised 0807)

TOWN OF ISLIP BUILDING DIVISION
1 Manitton 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
[] Accessory Building [] Addition 1-4, 6-8, 11
[] Interior Alteration 1-4, 8-10, 11
[] Demolition (valid only 4 months) 1-3, 9, 11
[] Other:
___ Year Original DWLG Constructed

PERMIT REQUIREMENTS FOR PODS:

Manufacturers specs/instructions

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 Eng. Insp. Fee _____
Yes No Contr. Comm. Fee _____
TOTAL FEE _____

ZONING _____ APPROVED _____ DATE _____
APPROVED TO ISSUE _____ DATE _____

SPECIAL CONDITIONS OF PERMIT _____

PODS

DATE FILED _____ DATE ISSUED _____

By: _____ Expires _____

A permit shall expire in three (3) months after the date of issuance. Upon payment of the proper fees, a permit may be renewed one time only.

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

- 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