



BUILDING PERMIT
Town of Islip Building Division
1 Manitton Court, Islip, NY 11751
www.islipny.gov

COMPLETE THIS APPLICATION IN ITS ENTIRETY AND SUBMIT TO THE PERMITS DEPARTMENT ALONG WITH ALL REQUIRED DOCUMENTATION LISTED BELOW.

The final fee will be determined by the Permits Department. Visit islipny.gov/departments/planning-and-development/building-division-permits-section for the Fee Schedule.

Subject Address: _____
 Bldg/House # _____ Street _____ Suite _____
 City _____ State _____ Zip _____

Tenant Name: _____ **Unit #:** _____
 (if applicable)

Property Type: Commercial¹ Residential
¹Additional requirements may apply, please check with a Plans Examiner

FOR OFFICE USE ONLY

PLACE STICKER HERE

Filing Date: _____ By: _____

Zoning Letter for Applicant: Yes No As-built Survey Required: Yes No

Zoning Approval Date: _____ By: _____

Plans Examiner Approval Date: _____ By: _____

Approved to Issue Date: _____ By: _____

Issued Date: _____ By: _____

Permit Expiration Date: _____

Special Conditions of Permit: _____

Filing Fee: \$ _____ Receipt #: _____

Permit Fee: \$ _____ Receipt #: _____

C/O Issued: _____

PERMIT(S) REQUESTED (work cannot commence before permit is issued):			
Check as Applicable	Corresponding Requirements (complete items from list below)	Check as Applicable	Corresponding Requirements (complete items from list below)
<input type="checkbox"/> Main Building - New	1-8	<input type="checkbox"/> Second Story Deck ¹	1-3, 5-8
<input type="checkbox"/> Main Building - Addition		<input type="checkbox"/> Interior Alteration	
<input type="checkbox"/> Accessory Structure - New	1-3, 5-8	<input type="checkbox"/> Fire Damage Repair	1-3, 5, 7-8
<input type="checkbox"/> Accessory Structure - Addition		<input type="checkbox"/> Revision of Issued Permit ²	
<input type="checkbox"/> Site Work Only: Is a generator involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	1-2, 6, 8	<input type="checkbox"/> Truss Sign ¹	Submit Sample Sign
<input type="checkbox"/> Fireplace / Wood Coal Stove	8	<input type="checkbox"/> Change of Tenant	1-3, 5-6, 8
<input type="checkbox"/> Change of Use	1-3, 5-6, 8	<input type="checkbox"/> Interior Arrangement	1-4, 8, 9 Shell Building Complete
<input type="checkbox"/> Solar Panels	Dependent on type-confer with Zoning or Bldg Plans Examiner	<input type="checkbox"/> Other - _____	Please use the customized applications for the following permits types: Certificates of Compliance, Demolition, Elevator, Equine, 'PODS', Pools, Plumbing/HVAC, Signs (other than Truss), Temp Trailers
<input type="checkbox"/> Shell Building <input type="checkbox"/> Speculative <input type="checkbox"/> Vanilla/White Box	1-9		
<input type="checkbox"/> Combustible High Rack Commodity Storage	1-3, 7-8		

Permits are valid for one year with three consecutive renewals allowed, unless otherwise footnoted above:
¹ No Renewals permitted ² Expires at original permit expiration

REQUIREMENTS FOR PERMITS LISTED ABOVE:

- Size & Use of Existing Structures: _____
- Proposed Use: _____
- Floor Area to be constructed or altered (total of all floors excluding cellars and attics): _____
- If Master Plan, identify Town issued Master Plan Number & Building Identification: _____
- Setbacks (distance new structure will be from property line after construction):
 Front Yard: _____ 2nd Front Yard: _____ Rear Yard: _____ Side Yard: _____ Other Side Yard: _____
 (corner or thru lots)
- Size of Property: _____ x _____ = _____ sf, or _____ Acres
- Height of building from average grade to ridge or roof: _____ ft. _____ in.
- Are there any Property Covenants or Conditions on the property? Yes (please attach) No
- Refer to the *Procedures for Permitting Shell/Vacant Buildings (2017)* document on our website.

PLACE STICKER HERE

OTHER REQUIREMENTS:

- Please be sure to check with the Permits Department for other submission requirements.
- Refer to C/O Requirements Checklist that will be supplied to you at permit issuance.

DESCRIPTION OF PROPOSED WORK:

FOR OFFICE USE ONLY	
Description	Fee
Flat Fee or Filing Fee:	\$
Base Fee:	\$
Square Footage Fee:	\$
Truss Sign:	\$
Fireplace:	\$
	\$
	\$
	\$
Total Fee:	\$

Property Owner*: _____
Business Name/Homeowner Contact Name (if Business) Email Phone

Mailing Address: _____
(If different than Subject Address) House No / Street City State Zip

Contractor: _____
(If not property owner) Business Name Contact Name Email Phone

Business Address: _____
No / Street City State Zip

Design Professional: _____
Business Name Contact Name Email Phone

Business Address: _____
No / Street City State Zip

Expeditor: _____
(If applicable) Business Name Contact Name Email Phone

Business Address: _____
No / Street City State Zip

** If property was purchased within the last 6 months, a copy of the deed, or closing papers indicating the deed was sent to Suffolk County to be recorded is required. If property owner is a corporation or LLC, legal paperwork stating the person signing the application is an authorized signator for the Corporation or LLC is required.*

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. This permit issuance expressly implies approval by the landowner of inspections required of the premises. 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 (not required for new home construction). By submitting this application, I acknowledge and agree that a modification or addition may be made to the Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.

PROPERTY OWNER:	SWORN TO ME THIS	NOTARY STAMP
PRINT NAME _____	DAY OF _____, 20 _____	
SIGNATURE _____	NOTARY PUBLIC _____	
CONTRACTOR:	SWORN TO ME THIS	NOTARY STAMP
PRINT NAME _____	DAY OF _____, 20 _____	
SIGNATURE _____	COUNTY HOME IMPROVEMENT LIC. # _____ NOTARY PUBLIC _____	
EXPEDITOR/DESIGN PROFESSIONAL:	SWORN TO ME THIS	NOTARY STAMP
PRINT NAME _____	DAY OF _____, 20 _____	
SIGNATURE _____	NOTARY PUBLIC _____	