



**TEMPORARY TRAILER /
PORTABLE STORAGE UNIT 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.

PERMITS ARE VALID FOR 3 MONTHS AFTER ISSUANCE.
RENEWALS: TRAILERS - UP TO TWO-3 MO RENEWALS.
PORTABLE STORAGE UNIT - UP TO ONE-3 MO RENEWAL.

Subject Address: _____
Bldg/House # Street Suite

City State Zip

Property Type: Commercial* Residential
*Additional permit requirements may apply, please check with a Plans Examiner

Property Owner*: _____
Full Name Email Phone

Owners Address: _____
(If different than subject address) House No / Street City State Zip

Contractor: _____
(If different than property owner) Business Name Contact Name Email Phone

Business Address: _____
No / Street City State Zip

Expeditor/Applicant: _____
(If different than property owner) 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.

PERMIT(S) REQUESTED (Permit(s) must be issued before unit is delivered):

Construction Trailer (Commercial) Temporary Office Trailer (Commercial) Storage (Commercial) Temporary Residence* (Residential) Portable Storage Unit (Residential)

*For temporary housing trailer, provide H.U.D. Serial #: _____ (located on the rear/left of the trailer).

PERMIT REQUIREMENTS – DUE WITH APPLICATION SUBMISSION:

1. APPLICATION – filled out in its entirety.
2. PAYMENT – Cash or check made out to the Town of Islip. Our current fee schedule can be found by visiting our website at islipny.gov/departments/planning-and-development/building-division-permits-section.
3. SURVEY – An accurate survey showing the proposed location, size and setbacks of the trailer/unit.
4. MANUFACTURER SPECS/INSTRUCTIONS – Must be provided for temporary residential trailers.

OTHER:

1. Must be in conjunction with a Building Permit, with the exception of a portable storage unit, and is subject to Town Code.
2. PORTABLE STORAGE UNIT – Unit must have smooth sides, roll-up door, be uniform in coloring and in good repair. Unit shall be a maximum of 144 square feet, with a height not exceeding 14’.
3. PROPANE – If propane is being hooked up to a trailer, a separate plumbing permit is required.

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: _____ N/A By: _____ N/A

Plans Examiner Approval Date: _____ N/A By: _____ N/A

Approved to Issue Date: _____ By: _____

Issued Date: _____ By: _____

Permit Expiration Date: _____

Special Conditions of Permit: _____

Total Fee: \$ _____

Receipt #: _____ C/O Issued: _____

PLACE STICKER HERE

4. **INSURANCE** – Prior to the issuance of a permit, the following Insurance Certificates are required with the exception of portable storage units:
 - a. NYS Workers’ Compensation Insurance –NYS Form C-105.2, NYS GSI-105.2 (2/02), NYS Form U-26.3, or if exempt, signed and dated NYS Form CE-200.
 - b. NYS Disability Insurance – NYS Form DB-120.1, NYS Form DB-155, or if exempt, signed and dated NYS Form CE-200.
 - c. Note: ACORD Forms are not acceptable proof of NYS Workers’ Compensation or Disability benefits insurance coverage.
5. **INSPECTION** – Once the permit is issued, Applicant is responsible for scheduling a building inspection after delivery of the trailer/unit.
5. **ELECTRICAL CERTIFICATE** – An Electrical Underwriters Certificate is required if the trailer is hooked up to electric.

I understand that the Town is relying on the information provided herein, any inaccuracy may cause delays and/or additional fees. I swear this application is a true and complete statement of all work on the desired premises. This permit issuance expressly implies approval by the landowner of inspections required of the premises. 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
_____	DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>NOTARY PUBLIC</small>	
CONTRACTOR:	SWORN TO ME THIS	NOTARY STAMP
_____	DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>COUNTY HOME IMPROVEMENT LIC. #</small>	<small>NOTARY PUBLIC</small>
EXPEDITOR/DESIGN PROFESSIONAL:	SWORN TO ME THIS	NOTARY STAMP
_____	DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>NOTARY PUBLIC</small>	