



**BUILDING PERMIT**  
**Town of Islip Building Division**  
**1 Manitton Court, Islip, NY 11751**  
**[www.islipny.gov](http://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](http://islipny.gov/departments/planning-and-development/building-division-permits-section) for the Fee Schedule.

**Subject Address:** \_\_\_\_\_  
 Bldg/House # \_\_\_\_\_ Street \_\_\_\_\_ Suite \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Property Type:**  Commercial<sup>1</sup>  Residential  
<sup>1</sup>Additional 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  
 Zoning Approval Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Plans Examiner Approval Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved to Issue Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Issued Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Permit Expiration Date: \_\_\_\_\_  
 Special Conditions of Permit: \_\_\_\_\_

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Total Fee: \$ \_\_\_\_\_  
 Receipt #: \_\_\_\_\_ C/O Issued: \_\_\_\_\_

<b>PERMIT(S) REQUESTED (work cannot commence before permit is issued):</b>			
<b>Check as Applicable</b>	<b>Corresponding Requirements (complete items from list below)</b>	<b>Check as Applicable</b>	<b>Corresponding Requirements (complete items from list below)</b>
<input type="checkbox"/> Main Building <input type="checkbox"/> Addition to main building	1-8	<input type="checkbox"/> Second Story Deck <sup>1</sup>	1-3, 5-8
<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Addition to accessory structure	1-3, 5-8	<input type="checkbox"/> Interior Alteration	1-3, 7-8
<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"/> Fire Damage Repair	1-3, 5, 7-8
<input type="checkbox"/> Fireplace / Wood Coal Stove	8	<input type="checkbox"/> Revision of Issued Permit <sup>2</sup>	1-8
<input type="checkbox"/> Change of Use	1-3, 5-6, 8	<input type="checkbox"/> Truss Sign <sup>1</sup>	Submit Sample Sign
<input type="checkbox"/> Solar Panels	Dependent on type-confer with Zoning or Bldg Plans Examiner	<input type="checkbox"/> Change of Tenant	1-3, 5-6, 8
<input type="checkbox"/> Shell Building <input type="checkbox"/> Speculative <input type="checkbox"/> Vanilla/White Box	1-9	<input type="checkbox"/> Interior Arrangement	1-4, 8, 9 Shell Building Complete
<input type="checkbox"/> Combustible High Rack Commodity Storage	1-3, 7-8	<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	

Permits are valid for one year with three consecutive renewals allowed, unless otherwise footnoted above:  
<sup>1</sup> No Renewals permitted      <sup>2</sup> 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: \_\_\_\_\_ 2<sup>nd</sup> 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:	\$
	\$
	\$
	\$
<b>Total Fee:</b>	<b>\$</b>

**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.*

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