

NOT NECESSARY TO COMPLETE 1-6 IF LISTED IN BUILDING PERMIT APPLICATION

1. Property address & Tax Map #: 904- _____ - _____ - _____
2. Name and Phone # of Owner: _____
3. Name and Phone # of Builder / Contractor: _____
4. Name and Phone # of Architect: _____
5. Existing use of premises: _____
6. Intended use after issuance of C.O.A: _____
7. Check nature of intended work:
 - a) _____ New Construction
 - b) _____ Addition
 - c) _____ Reconstruction or Alteration
 - d) _____ Demolition or Removal
 - e) _____ Sign
 - f) _____ Change of color or texture
 - g) _____ Plantings or Landscaping
 - h) _____ Other (please explain) _____
8. IN ALL CASES, attach photographs clearly indicating all public views of location affected.
9. MUST provide elevation drawings and perspective drawings indicating size and relationship to adjacent properties if new construction, addition, reconstruction or alteration is planned.
10. If plans are for DEMOLITION OR REMOVAL, a description of such structure must be provided.
11. If proposal includes a SIGN, please provide a drawing showing content of sign, type of method of illumination (if any), and a statement of the sign's proposed location.
12. If change of color or texture, please provide sample of color and materials.
13. For plantings and landscaping describe land, trees, and plantings to be moved, added or removed and the affected locations
14. If proposed work is not described above, provide whatever description, sample and pictures necessary to adequately describe your proposal.

AFFIDAVIT:

STATE OF NEW YORK

Ss:

COUNTY OF SUFFOLK

_____ Being duly sworn deposes and says: That he/she (or applicant's agent) resides at _____ and is the owner (or agent for the owner) for the premises described in this application: that he/she has read the above application and reviewed the attached photographs, drawings, samples and descriptions and that to the best of his/her knowledge and belief, said information is a true and correct representation of the work proposed.

Sworn to before me this ____
Day of _____ 20____.

(NOTARY PUBLIC)

APPLICANT OR AGENT FOR APPLICANT