



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

R STRUCTURES 4 YEARS & OLDER ONLY
RESIDENTIAL PERMIT

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

This Permit EXPIRES 1 year from date of issuance.
 NO RENEWALS ALLOWED.

FOR OFFICE USE ONLY

PLACE STICKER HERE

Filing Date: _____ By: _____

Zoning Letter for Applicant: Yes No

Zoning Approval Date: _____ By: _____

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: _____

Subject Address: _____
 Bldg/House # Street Suite

 City State Zip

Property Owner*: _____
 Full Name Email Phone

Owners Address: _____
 (if different from above) House No / Street City State Zip

Expeditor / Applicant: _____
 (if different from property owner) Business Name Email Phone

Business Address: _____
 House 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.

A Certificate of Compliance Permit is required for structures built over 4 years ago (a) without the benefit of a permit, (b) when a permit has exceeded its maximum renewals, or (c) for accessory apartments built without a permit, regardless of age.

PLEASE COMPLETE ALL SECTIONS BELOW - BE AS DETAILED AS POSSIBLE

Size dimensions or s.f. of improvement <i>only</i>	Floor 1 st , 2 nd , basement	Un-permitted Improvement – List each improvement <u>separately</u> i.e. Main Dwelling, Addition, Interior Alteration (describe alteration. i.e. garage to bedroom), Pool (above ground or in-ground), Solar Panels, Plumbing, Accessory Structure (i.e. Shed, Deck, Pool House, Detached Garage), Stove/Fireplace, Accessory Apartment, 2 Family – Family Use, Cellar Entrance/Alteration/Egress Windows, Handicapped Ramps, Skylights over 15” wide, Retaining Walls, Ponds, Garage Conversion,	Year Built

PLACE STICKER HERE

REQUIRED DOCUMENTATION:

- Survey:** All surveys must have been prepared by a licensed surveyor, be scalable, and must accurately depict all existing structures on the property. Structures cannot be hand drawn on the survey.
- Application Fee:** Please visit <http://islipny.gov/departments/planning-and-development/building-division-permits-section> for our current fee schedule. The final fee will be determined based on actual site conditions from the Towns inspections.
- Floor Plans:** If this application is for an interior alteration or addition, floor plans must be provided for the entire structure. Floor plans may be hand-drawn, but requirements below must be met (see Fig 2.1 Plan Example):
 - Indicate name of various spaces (e.g. kitchen, bath, dining, etc.)
 - Draw windows and doors
 - Give interior & exterior dimensions
 - Draw stairs, ramps, and/or elevators

Note: If it is determined that a New York State Variance is required, professionally drawn plans may be required.
- Other:** I understand that this application may require review/approval from different departments and/or outside agencies.



Fig 2.1

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: _____ <small>PRINT NAME</small> _____ <small>SIGNATURE</small>	SWORN TO ME THIS DAY OF _____, 20____ _____ <small>NOTARY PUBLIC</small>	NOTARY STAMP
CONTRACTOR (if applicable): _____ <small>PRINT NAME</small> _____ <small>SIGNATURE</small>	SWORN TO ME THIS DAY OF _____, 20____ _____ <small>COUNTY HOME IMPROVEMENT LIC. #</small> <small>NOTARY PUBLIC</small>	NOTARY STAMP
EXPEDITOR/DESIGN PROFESSIONAL: _____ <small>PRINT NAME</small> _____ <small>SIGNATURE</small>	SWORN TO ME THIS DAY OF _____, 20____ _____ <small>NOTARY PUBLIC</small>	NOTARY STAMP

FOR OFFICE USE ONLY:		
Description	Square Footage	Fee
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL FEE:		\$