



Property Information Request Information Update Information

File#:	BF-X01611-3099486135	Requested Date:	04/06/2024	Update Requested:
Owner:	BEVERLY GRIFFITH	Branch:		Requested By:
Address 1:	10 IDAHO AVE	Date Completed:	05/22/2024	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	BAY SHORE, NY	# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per Town of Islip Zoning Department there are no Code Violation cases on this property.
 Collector: Town of Islip Zoning Department
 Payable: 24 Nassau Avenue Islip NY 11751
 Business# 631-224-5477

PERMITS Per Town of Islip Building Department there are no Open/Pending/ Expired Permit on this property.
 Collector: Town of Islip Building Department
 Payable: 655 Main St Islip NY 11751
 Business# 631-224-5550

SPECIAL ASSESSMENTS Per Town of Islip Treasurer's Office there are no Special Assessments/liens on the property.
 Collector: Town of Islip Receiver of Taxes
 Payable: 40 Nassau Ave Islip, NY 11751
 Business# 631-224-5580

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

DEMOLITION NO

UTILITIES

WATER:
 Account #: 3000438288
 Payment Status: DUE
 Status: Lienable
 Amount: \$68.86
 Good Thru: NA
 Account Active: Active
 Collector: Suffolk County Water Authority
 Payable Address: 4060 Sunrise Highway, Oakdale, NY 11769
 Business # 631-698-9500

SEWER
 Account #: 0001744100
 Payment Status: DUE
 Status: Pvt & Lienable
 Amount: \$155.94
 Good Thru: NA
 Account Active: YES
 Collector: Suffolk County Sewer Districts
 Payable Address: 335 Yaphank Ave, Yaphank NY 11980
 Business #(631) 852-4060
 UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

GARBAGE:
 Garbage bills are included in the real estate property taxes



County Property Tax Inquiry / Payment

Property Look-up

Property Detail

Parcel ID	05003170001000280000000
Alternate Parcel ID	05000000000012570090000
Location	10 IDAHO AVE
Owner as of January 1	GRIFFITH BEVERLY
Customer ID	4775415
Jurisdiction	ISLIP
Acres	0.268
Assessed Value	\$34,800.00
Exemptions Value	\$0.00
2023 Charges	\$10,997.63

RECEIVED
TOWN OF ISLIP

Town Clerk
APR 8 2024

TOWN CLERK'S OFFICE

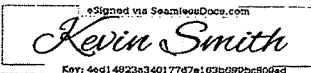
Date Stamp Here



Town of
Islip

**FREEDOM OF INFORMATION LAW (F.O.I.L.)
APPLICATION FOR ACCESS TO PUBLIC RECORDS**

**SECTION 1 – TO BE COMPLETED BY APPLICANT
I HEREBY APPLY TO REVIEW OR HAVE COPIED THE RECORD(S) DESCRIBED BELOW:**

Name of Applicant: Kevin Smith	Mailing Address of Applicant (include suite if applicable): 2605 Maitland Center Parkway, Suite C
Name of Business or Firm: Stellar Innovations	City: Maitland, State: FL Zip Code: 32751
Signature of Applicant:  <small>ESigned via SearchandData.com Key: 4ed14923a340177d7e103b099bce80d3</small>	Date of Application: 04-07-2024
Telephone Number: 03022619069	Department if known: Code and Permitting

DESCRIPTION OF RECORD SOUGHT TO INSPECT AND ANY SPECIAL INSTRUCTIONS. Please describe the record(s) sought in as specific detail as possible, with address, date or timeframe, if applicable. If we cannot determine what record(s) you seek, your application will be denied. Under the NYS FOIL Law, the Town of Islip is only required to supply **DOCUMENTS THAT ALREADY EXIST (NYS POL Article 6).**

10 IDAHO AVE, BAY SHORE NY 11706 / parcel : 05003170001000280000000

CODE ENFORCEMENT // PERMITTING // SPECIAL ASSESSMENT

Our firm has been requested to research the referenced property for any

BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record on this property

FEE SCHEDULE

Be advised that there is a statutory fee due (\$.25 per page, not in excess of 9x14) for copies. For anything else, including digital formats, cost of reproduction will be charged. Deposits may be required for voluminous requests. Copy fees are to be paid for any pages required to be redacted prior to viewing a file. FOIL requests will not be processed for any person or company who fails to pay any outstanding FOIL fees due for a prior FOIL request. Copies will be prepared unless specifically requested otherwise.

SECTION 2 – TO BE COMPLETED BY AGENCY RECORDS ACCESS (FOIL) OFFICER

Receipt of this request is hereby acknowledged. Please allow Twenty (20) business days for processing before contacting this office. A copy of this form is being mailed to you indicating your request is being processed.

4/9/2024

Date

Records Access Officer

m42429

Application Number

Office of the Town Attorney, 655 Main Street, Islip, NY 11751 (631) 224-5550

Please note: The Public Officer's Law requires a municipality to acknowledge receipt of this FOIL request within five (5) business days.



BUILDING PERMIT
 Town of Islip NY
 1 Manitton Ct.
 www.islipny.co

31700 0100 028000 G 002 - 172330
 BEVERLY GRIFFITH
 07/19/2018
 10 IDAHO AVE
 BAY SHORE, NY 11706
 SHED

Use Only
 Building _____
 Parking Lot _____
 Fireplace _____
 Front Foot _____
 Recreation _____

PERMIT(S) REQUESTED (Check one or more)
 Numbers in italics refer to questions on right.

- Building Permit (must be issued before work starts)
- Commercial Industrial Residential
- Main Building Addition 1-4, 6, 8-10, 11
- Accessory Building Addition 1-4, 6-8, 11
- Interior Alteration 1-4, 8-10, 11
- Interior Arrangement 1-4, 6, 8-10, 11
- Fire Damage Repair 1-4, 6, 8-10, 11
- Fireplace/Wood Coal Stove 3, 9, 10, 11
- Swim/Pool In-ground Above 1-6, 9, 10, 11
- Hot Tub 4-Foot Safety Fence Required
- Change of Use/Occupancy 1-4, 6, 7, 9, 10, 11
- Site Work Only 1-3, 7, 9, 10, 11
- Revision of Issued permit 1-9, 10, 11
- Truss Sign \$50 Other: SHED
- Solar Panels

FINAL SURVEY REQ'D FOR CO Review Eng. Insp. Fee _____
 Yes No Contr. Comm. Fee _____
 ZONING A APPROVED JD TOTAL FEE 175
 APPROVED TO ISSUE JD DATE 7/19/18
 SPECIAL CONDITIONS OF PERMIT As per survey required. DATE 7-19-18

FLOOR AREA to be constructed or altered _____ total square feet
 LL _____ UL _____ GAR _____ DECK _____
 Basement _____ Finished _____ Unfinished _____ Porch _____

Percent of Lot occupied:
 Existing Main Structure _____ % Accessory Structures _____ %
 Proposed Main Structure _____ % Accessory Structures _____ %
 DATE FILED 6/20/18 DATE ISSUED 7/19/18
 By: JD Expires 7/19/19

A permit shall expire one (1) year after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but not more than three one year renewals may be granted. No renewals are allowed on pools or second story decks.
175

PROPERTY ADDRESS - Tel. _____
 Name: BEVERLY GRIFFITH-SWAN
 Address 10 IDAHO AVENUE
BAY SHORE, NY 11706

PROPERTY OWNER - Tel. _____
 Address same

CONTRACTOR - Tel. SOUTH SIDE FENCE
 Name Mickel
 Address 1190 Sunrise Highway
Copague, NY 11726
 BOARD OF APPEALS

1. SIZE & USE of existing structure 10x20 9'4"
2. PROPOSED USE Storage
3. DESCRIPTION OF PROPOSED WORK
INSTALL PRE FAB SHED
4. FLOOR AREA to be constructed or altered 200 Total sq. feet of all floors excluding cellars and attic. Parking Lot Area _____ sq. feet
5. IF MASTER PLAN, identify: _____
6. SETBACKS: Distance new structure to be from property line after construction (corner lots) Front Yard _____ Other Front Yard _____ Rear Yard 4' Side Yard _____ Other Side Yard _____
7. SIZE of property () x () = _____ sq. ft. or _____ Acres
8. HEIGHT of building from average grade to ridge _____ Feet 4'
9. PROPERTY LOCATION: Post Office 10 IDAHO AVENUE Street _____ Side of Street N S E W Nearest Cross Street _____ Direction from Cross St. N S E W Distance from cross St. _____ ft. If on Corner NE SE SW NW School District BAY SHORE
10. Are there any Property Covenants or Conditions of Special Permits which would affect the development of this property? NO If yes, please attach.
11. Name of Filed Map _____ Lot No. on Filed Map _____

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. 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. Permit issuance expressly implies approval by the landowner of inspections required of the premises.

BEVERLY GRIFFITH-SWAN
 (PRINT)

 SIGNATURE OF PROPERTY OWNER

NAME Michael Nigro
 (PRINT)

 SIGNATURE OF CONTRACTOR

Sworn to before me this 6 day 6 of 2018
Nancy Ginsberg
 Notary Public Signature

County Home Improvement License # _____
 Sworn to before me this 12 day June of 2018
Walter Goldsmith
 Notary Public Signature

NANCY J. GINSBERG
 Notary Public, State of New York
 01G6048899 - Qualified in Richmond County
 Certificate Filed in New York County
 Commission Expires January 03, 2019

WALTER GOLDSMITH
 Notary Public, State of New York
 01G06309457
 Qualified in Queens County
 Commission Expires August 20, 2018

Important: Please be advised that by submitting the within application to the Town of Islip for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.
 Revised: 8/10

Code	Description	Area	Per	Fee
1	Excavation			
2	Foundation			
3	Concrete			
4	Formwork			
5	Reinforcing			
6	Other			

- 1. City of Cambridge 1-2, 10, 11
- 2. County of Essex 1-2, 3, 4, 10, 11
- 3. Department of Public Works 1-2, 3, 4, 11
- 4. Planning and Zoning Board 1-2, 3, 4, 10, 11
- 5. Public Utilities 1, 2, 3, 4, 10
- 6. Street 1, 2, 3, 4, 10, 11
- 7. Department of Health Services 1, 2, 3, 4, 10, 11
- 8. Department of Conservation 1-2, 3, 4, 10, 11
- 9. Department of Transportation 1-2, 3, 4, 10, 11
- 10. Local Planning Board 1-2, 3, 4, 10, 11
- 11. Other

PROPERTY OWNER
 Name Mr. Tocci
 Address 19 Edgemoor Ave.
Dayboro

TENANT
 Name _____
 Address _____

CONTRACTOR
 Name ALSKY Construction Co.
 Address 607 Montauk Hwy.
Dayport

DATE ISSUED 8/10/90
 EXPIRES 2-28-91
 PROJECT NO. 60391-4

1. NAME OF WORKING DRAWING Early Dwelling Study
 2. DESCRIPTION OF PROPOSED WORK Remodel with concrete
patios

3. FLOOD AREA is an area subject to flooding 780 local flood zone of DOCKING

4. SETBACKS: Distance from structure to lot line property line after construction
 Front Yard 40.00 Side Yard 10.00 Rear Yard 28.00
 Side Yard 12.00 Over Side Yard 34.00

5. PROPERTY LOCATION
 Street Edgemoor Side of St. ON CE OR EW
 Distance from St. Edgemoor to the corner from Cross St. ON SE OR SW
 Distance from cross St. 79.00 ft. If an intersection ONE USE ONLY OWN
 Local District Dayboro

10. Are there any Property Conditions or Conditions of Special Permit which would affect the development of this property? _____ If yes, please attach.
 11. WIDTH of paved driveway(s) fronting property _____ feet
 12. Name of Field Map _____
 Lot No. on Field Map 14

I understand that before a building permit can be issued, existing streets must meet minimum Town standards or be bonded for same and that a Certificate of Conformity for work done under this permit will not be issued until road damage caused during construction is repaired or bonded for same. I swear that this application is a true and complete statement of all proposed work on the described premises.

Mrs. M. Tocci
 Signature of PROPERTY OWNER

Ellie Lindy
 Signature of CONTRACTOR
 County Name Essex
 Professional License # 6660

[Signature]
 Signature of TOWN LICENSED PLUMBER
 Town License # _____
 T.O.# _____

Sworn to before me this 12
 day of August 1990
 Notary Public, State of New York
 No. 485335A, Suffolk County
 Commission Expires February 17, 1991
[Signature]
 Notary Public

Sworn to before me this 12
 day of August 1990
 Notary Public, State of New York
 No. 485335A, Suffolk County
 Commission Expires February 17, 1991
[Signature]
 Notary Public

Sworn to before me this _____
 day of _____ 19____
 Notary Public

RECEIVED
TOWN OF ISLIP

Town Clerk
APR 8 2024

TOWN CLERK'S OFFICE

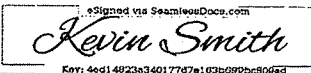
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Name of Applicant: Kevin Smith	Mailing Address of Applicant (include suite if applicable): 2605 Maitland Center Parkway, Suite C
Name of Business or Firm: Stellar Innovations	City: Maitland, State: FL Zip Code: 32751
Signature of Applicant:  <small>ESigned via SearchandData.com Key: 4ed14923a340177d7e103b099b8f0d9d</small>	Date of Application: 04-07-2024
Telephone Number: 03022619069	Department if known: Code and Permitting

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TOWN OF ISLIP



**ANGIE M. CARPENTER
SUPERVISOR**

**Division of Code Enforcement
28 Nassau Avenue, Islip, NY 11751
631-224-5475**

**Division of Fire Prevention
24 Nassau Avenue, Islip, NY 11751
631-224-5477**

Date: April 16, 2024

RE: Address: 10 Idaho Avenue, Bay Shore NY
Tax Map #: 0500317000100028000

Dear Sir or Madam:

In response to your request that we search our records for any violations on the above captioned location, please be advised this form only reflects violations that have been verified by the Town of Islip to exist. Our records have revealed the following:

There Are NO Violations Indicated.

Please contact the Code Enforcement Division at (631)224-5548 to determine what must be done to clear the violations indicated above.

Very truly yours,

A handwritten signature in cursive script that reads 'Linda A. Harding'.

Linda A. Harding
Principal Office Assistant



Account Balance

Town

BAY SHORE



Street Name

IDAHO AVE



Street Number

10



Search

Clear

Enter Tax Map #: (19 Digits)

Search

Clear

Account
Number

Account
Name

Street

Town

Zip

Balance

Tax Map #

[Live Chat](#)

3000438288 GRIFFITH 10 BAY 11706- 68.86 0500317000100028
BEVERLY IDAHO SHORE 5115

Public Authorities Law Section 1078-f provides that water charges of the Suffolk County Water Authority (SCWA) are a lien on the real property where the water services were provided. Any water charges in arrears for more than 90 days may appear on the next real property tax bill for the property. The above amount represents the unpaid water charges for the identified SCWA account number at the subject premises as of the date of your inquiry. This figure may not include the final bill for water charges for this account. It may take several weeks to generate a final bill when an account is finalized. Therefore, a purchaser of this property should have money held in escrow at closing until the seller provides evidence of a paid final water bill for this account. Following is the billing history over the last year for this account which may be useful in establishing an appropriate escrow amount at closing.

Billing Information:

Bill Date	Bill Amount
05/17/2024	\$66.79
02/20/2024	\$89.87
11/16/2023	\$172.96
08/21/2023	\$222.30

Result as of: 5/22/2024

***Balance may not reflect most recent activity.**

[Click here for the SCWA Escrow Payment form.](#) This form is to be completed by the party making an escrow payment on the owner's property to Suffolk County Water Authority.

For your convenience SCWA offers several bill payment options. Please [click link](#) for the method that most effectively meets your needs.

4060 Sunrise Highway | Oakdale, NY 11769

Customer Service: [\(631\) 698-9500](tel:6316989500)



[Contact SCWA](#)

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[Terms of Use](#)

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