Building Department

MAY 13 2024

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FREEDOM OF INFORMATION LAW (F.O.I.L.) APPLICATION FOR ACCESS TO PUBLIC RECORDS FROM OUR BUILDING DEPARTMENT

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

Name of Applicant:			Mailing Address of Applicant (include suite if applicable):			
Kevin Smith	5901 N Honore Ave Suite 200					
Name of Business or Firm:			City: State: Zip Code:			
Stellar Innovation			sota	FL	34243	
Signature of Applicant: **Signed the Seamless Documents** **Kevin Smith**			Date of Application: 05-10-2024			
Telephone Number: Key: ©30°72050607375775848540c179doe2c			Department if known:			
9414447142			Building Department			
201 Broadway Ave,	S THAT ALREADY EXIST (N , BRENTWOOD NY 11717 // NG/EXPIRED PERMIT			0690000000		
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.						
Date	Records Access Officer			Application 1	Number	
Building Department, One Manitton Court, Islip, NY 11751 (631) 224-5470						

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

App	plication Number							
FOR AGENCY USE ONLY BELOW SECION 3 – NOTICE TO APPLICANT								
DEPOSIT REQUIRED Before we may continue continue processing your FOIL Application, a deposit in the amount of \$								
check or money order payable to the "Town of Islip" and submit to the Building Department, One Manitton Court, Islip, NY 11751. If necessary, please contact the Records Access Officer at (631) 224-5470 to make other arrangements for the receipt of your documents if you are unable to pick them up at our Building Department. Please call (631) 224-5470 to schedule an appointment to view the documents requested. If we are not contacted within thirty (30) days to schedule a viewing, your FOIL will be deemed closed.								
A redaction fee in the amount of \$ is due at the time of viewing appointment.								
RECORDS DENIED, PARTIALLY PROVIDED OR REDACTED								
	Request needs to be more specific determine what record(s) you seek Records not possessed by the Town After a diligent search, there are not that are responsive to your request If a record exists, would be a law e Please contact our Code Enforceme (631) 224-5548 for a violation sear	n of Islip known documents nforcement record. ent Department at		Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A, Sec. 89-2(a) Could endanger the life or safety of any person Municipalities are not required to respond to questions or inquiries, only required to provide specific documents requested that are in existence Unwarranted invasion of personal privacy Exempt inter-agency or intra-agency materials Would impair present or imminent contract awards or collective bargaining negotiations Exempted by statute other than the Freedom of				
	Law Enforcement Records Are trade secrets or commercial en which if disclosed, would cause injustion of the subject enterprise Municipalities are only required to documents requested that are in existence.	ury to the competitive	Sa	Information Law Exempt examination questions or answers Other:				
Name of Records Access Officer: Records Access Officer Signature: Date: X // D/X								
This Freedom of Information Request will remain on file for six (6) months from the date of final determination. Thereafter, it will be destroyed.								
You have the right to appeal a denial of this application in writing within thirty (30) days to Ernest J. Cannava, Senior Assistant Town Attorney, Islip Town Hall, 655 Main Street, Islip, New York 11751. You are entitled to an explanation of the reason for such denial in writing within ten (10) business days of the appeal.								
I her	I hereby appeal:							
Signature Date								