

PERMIT APPLICATION

TOWN OF ISLIP BUILDING DIVISION
1 Main Street, Islip, New York 11751

- PERMITS REQUESTED (check one or more)
Numbers refer to questions on right.
- Building Permit (must be issued before work starts)
 - Commercial Industrial Residential
 - Main Building Addition 1-12
 - Driveway Apron 3, 11, 12
 - Accessory Building Addition 1-10, 12
 - Interior Alteration 1-4, 8-10, 12
 - Fire Damage Repair 1-4, 8, 9-10, 12
 - Fireplace/Wood Coal Stove 3, 9, 10, 12
 - Swimming Pool In-ground Above 1-8, 9, 10, 12
 - 4-foot safety fence required
 - Framing Permit (Veto License Required) 1-4, 9

#	Total # of Fixtures	Basement	1st	2nd	3rd
<input type="checkbox"/> Heat	Water clo.			1	
<input type="checkbox"/> Air Cond.	Laundry			1	
<input type="checkbox"/> Dish Water	Tub/shower			1	
<input type="checkbox"/> Wash Water	Sink				
<input type="checkbox"/> Sinks	FUL/Dishes				
<input type="checkbox"/> Sinks	Other fix.				1

List other fixtures on Sns 3
Sns 3 D/W, Ux, G/77, etc.

- Certificate of Compliance 1, 8-9, 10, 12
- Change of Use or Occupancy 1-4, 8, 7, 9, 10, 12
- Demolition (valid only 4 months) 1-3, 7, 9, 10, 12
- Parking Lot Installation Only 1-3, 7, 9, 10, 12
- Public Assembly 1, 4, 9, 10
- Rental 1-4m. 2-2m. Multiple 1, 2, 9, 10
- Revision of Issued Permit 1-9, 10, 12
- Storage of Combustibles 1-3, 8, 7, 9, 10
- Underground Tank Installation 1-3, 8, 7, 9, 10
- Land Clearing (5 ac. or more) 1-3, 7, 9, 12
- Other:

PROPERTY OWNER To: _____
Name Knobloch
Address 63 E. Main St
Brewster NY 11717

TENANT To: _____
Name _____
Address _____

CONTRACTOR To: _____
Name _____
Address _____

FOR OFFICE USE ONLY

0500- 75-02-18PML Building _____
Plumbing _____
Front Foot _____

Address 63 E. Main St
Post Office Brewster TOTAL FEE 20 = X

ZONING AB Approved _____ Date _____
ORIGINAL C/D or C/C _____
Certified as: _____ date _____
SPECIAL CONDITIONS OF PERMIT _____

DATE FILED 3/17/79 by WJ Expires 3/15/80
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 renewals may be granted.

- Answer, in black ink, questions numbered next to type of PERMIT(S) REQUESTED.
1. SIZE & USE of existing structures 1159 sq ft - 1 1/2 bdr. Dining Car
 2. PROPOSED USE Living quarters
 3. DESCRIPTION OF PROPOSED WORK raised ridge
2 Bedrooms + Family room
1 Bath
 4. FLOOR AREA to be constructed or altered 1159 total square feet of all floors including entry and attic
 5. IF MASTER PLAN, identify _____
 6. SETBACKS: Distance new structure to be from property line after construction
Front Yard _____ (corner lots)
Other Front Yard _____ Rear Yard _____
Side Yard _____ Other Side Yard _____
 7. SIZE of property 7 X 1 in _____ sq. ft. or _____ Acres
 8. HEIGHT of building from average grade to ridge _____ feet
 9. PROPERTY LOCATION
Street Easton St Hamlet Brewster
Side of St. ON OFF CS CR
Nearest cross St. Easton St Direction from Cross St. ON CS CR CR
Distance from cross St. _____ ft. If on corner ONE TWO THREE FOUR
School District Brewster
 10. Are there any Property Covenants or Conditions of Special Permits which would affect the development of this property? Yes, please attach _____
 11. WIDTH of paved driveway (if framing property) _____ feet
 12. Name of Filed Map _____
Lot No. on Filed Map _____

I understand that before a building permit can be issued, adjoining streets 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 swear that this application is a true and complete statement of all proposed work on the described premises.

Signature of PROPERTY OWNER: Helen M. Knobloch
Signature of CONTRACTOR: Jerry Malinowski
County Home Improvement License # _____
Sworn to before me this 30 day of March 1979
Sworn to before me this _____ day of _____ 1979

Notary Public: Jerry Malinowski
Notary Public, Suffolk County
No. 4806858, Suffolk County
Commission Expires September 28, 1977