



Property Information Request Information Update Information

File#:	BF-X01611-4072108134	Requested Date:	04/06/2024	Update Requested:
Owner:	FLORY ESQUIVEL	Branch:		Requested By:
Address 1:	177 MASSACHUSETTS 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 is an Open Code Violation case on this property.
 Case # : 0000145641
 Case Type: Failure to Provide and Maintain smoke carbon monoxide detectors
 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 #: 3000888915
 Payment Status: Due
 Status: Liable
 Amount: \$105.62
 Good Thru: NA
 Account Active: Active
 Collector: Suffolk County Water Authority
 Payable Address: 4060 Sunrise Highway, Oakdale, NY 11769
 Business # 631-698-9500

Sewer:
 The house is on a community sewer. All houses goes to the shared septic system.

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



County Property Tax Inquiry / Payment

Property Look-up Property Detail

Parcel ID	05002260001000400000000
Alternate Parcel ID	050000000000075674220000
Location	177 MASSACHUSETTS AVE
Owner as of January 1	ESQUIVEL FLORY
Customer ID	3884910
Jurisdiction	ISLIP
Acres	0.259
Assessed Value	\$40,000.00
Exemptions Value	\$0.00
2023 Charges	\$9,968.82

R

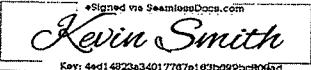
RECEIVED
 Town Clerk
 APR 8 2024
 TOWN CLERK'S OFFICE
 Date Stamp Here



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>*Signed via ScanSignDocs.com Key: 4ed14823a34017707e109b0992bc06d3</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).**

177 MASSACHUSETTS AVE, BAY SHORE NY 11706 / parcel : 05002260001000400000000

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

LORI J. KERR
 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.

TOWN (
1 Manitt

22600 0100 040000 L 002

ESQUIVEL 10/29/07
177 MASSACHUSETTS
BAY SHORE 11706
FINISHED BASEMENT W PLUMB, GARAGE CONV

FOR OFFICE USE ONLY

226-01-40

STRUCT
CERTIFICATE OF COMPLIANCE FEES:

VE GROUND POOL...\$250.00
GROUND POOL...\$750.00
ESSORY STRUCTURE UP TO 140 sqft...\$250.00
ESSORY STRUCTURE OVER 140 sqft...\$400.00
N DWELLING, ADDITION W/ALT..50c/SQPLUS\$400.00
VE/FIREPLACE...\$150.00
OOFFED OPEN DECK...(FLAT FEE)...\$250.00
MBING (RESIDENTIAL)..(FLAT FEE)...\$250.00
MBING(COMMERCIAL)\$45/bldg/STRUCTURE PLUS\$400.00
MERCIAL STRUCTURES(BASE FEE PER FLOOR
PLUS .80c PER SQFT)...BASE FEE...\$750.00

ADDRESS 177 Massachusetts Ave

POST OFFICE Bay Shore ZONE

SPECIAL CONDITIONS

DATE ISSUED 10.29.07 BY N

EXPIRES 10.29.08 TOTAL FEE \$1,490

RECEIPT # PRO75496 C ISSUED 11/8/07

PROPERTY OWNER TEL
Flory Esquivel
177 Massachusetts Ave
Bay Shore Ny 11706

INSTRUCTIONS: SUBMIT THIS APPLICATION, COMPLETELY FILLED OUT, A SURVEY WHICH ACCURATELY DEPICTS ALL EXISTING STRUCTURES (STRUCTURES CANNOT BE "HAND-DRAWN" ON SURVEY), ALL STRUCTURES MUST BE DRAWN BY A LICENSED SURVEYOR, FLOOR PLAN OF THE EXISTING STRUCTURE, EACH FLOOR, AND FEE. FLOOR PLAN IS ONLY REQUIRED IF THE CERTIFICATE OF COMPLIANCE IS FOR THE MAIN DWELLING, ADDITION, ALTERATION, OR COMM / IND BLDG..

INFORMATION MUST BE PRINTED IN INK OR TYPED:

ALL UNDOCUMENTED STRUCTURES

PROPERTY SETBACKS

Table with 8 columns: ID, TYPE OF STRUCTURE BUILT, AGE, FRONT, OTHER FRONT YARD (CORNER LOTS), REAR, SIDE, OTHER SIDE. Contains entries for 'Bary Conversion' and 'Finish Basement'.

SIZE OF PROPERTY (76) X (148.20) = 11,263.20 SQ. FT. OR

PROPERTY LOCATION:

N E W SIDE OF Ohio Ave FEET N S E W OF

ARE THERE ANY PROPERTY COVENANTS OR CONDITIONS OR SPECIAL PERMITS WHICH WOULD AFFECT THE DEVELOPMENT OF THIS PROPERTY? IF YES, PLEASE ATTACH.

NAME OF FILED MAP (SEE SURVEY) SANWOOD PARK sect 1 LOT NO.: 8

NAME X Flory Esquivel
(Print)
Signature of Property Owner

SWORN TO BEFORE ME ON THIS Notary Public, State of New York
13th DAY OF September 2007
CIRILO ROSARIO
No. 01RO6066179
Qualified in Suffolk County
Commission expires Nov. 13, 2008
NOTARY PUBLIC

PERMIT APPLICATION
 TOWN OF SALT SPRING DIVISION
 Planning Dept., Salt Spring, New York 11791

C/O of J.W. 88

- Building
- Electrical
- Mechanical
- Plumbing
- Fire
- Other

Code	Year	Area	Area	Area	Area	Area
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

- Change of Ownership 1-2, 3, 7, 10, 12
- Change of Use or Occupancy 1-2, 3, 7, 9, 10, 12
- Demolition 1-2, 3, 7, 9, 10, 12
- Domestic Sewer 1-2, 3, 7, 10, 12
- Fire Alarm Installation 1-2, 3, 7, 9, 10, 12
- Fire Alarm 1-2, 3, 7, 10
- Heating (Furnace, Oil Burner, Radiator) 1-2, 3, 10
- Installation of Sewer Pipes 1-2, 3, 10, 12
- Removal of Chimney 1-2, 3, 7, 10
- Underground Tank Installation 1-2, 3, 7, 9, 10
- Utility Clearing to or from 1-2, 3, 7, 9, 10
- Other

PROPERTY OWNER
 Name: ROBERT ALAINE KEESER
 Address: 171 MASSACHUSETTS AVE
SALT SPRING, NEW YORK 11704

TENANT
 Name: _____
 Address: _____

CONTRACTOR
 Name: _____
 Address: _____

PERMIT OFFICE USE ONLY

Project No. 171 Building 2

Address 171 MASSACHUSETTS AVE

Permit Office SALT SPRING TOTAL FEE 75

Contractor D Approved _____ Date _____

Checked by C/O of C/O

Special Conditions of Permit _____

DATE FILED 11/19/79

Date Issued 11/19/79 Expires 11/19/85

A permit shall remain in force (1) year after the date of issuance. Upon payment of the annual fee, a permit may be renewed, and the permit holder shall reimburse the Town for the cost of the permit.

8453727

- Answer to each item, whatever numbered first to type of PERMIT(S) REQUESTED.
1. SIZE & USE of building structure
 2. PROPOSED USE GARAGE
 3. DESCRIPTION OF PROPOSED WORK 24X24 CONCRETE SLAB WITH 6" AIR FOOTING & 6" WITH AIR 4" SLAB CRACK 2X4X4 WOOD STRUCTURE 4X4X6
 4. FLOOR AREA to be constructed or altered 576 sq. ft. total square feet of all floors including porches and stairs
 5. IF MASTER PLAN, identify: _____
 6. SETBACKS: Distance from structure to be from property line after construction
 Front Yard 6'0" (minimum 5')
 Side Yard 9'4" Other Side Yard 43'4"
 Rear Yard 10'4"
 7. SIZE of property 760' x 114'10" = 112,832 sq. ft. Acres _____
 8. HEIGHT of building from average grade to ridge 13'0" feet
 9. PROPERTY LOCATION
 Name SALT SPRING
 Street MASSACHUSETTS AVE. Side of St. RM OB OS OW
 Number from St. 171 Direction from Cross St. OH OE OS OW
 Distance from street to _____ ft. If on corner ONE OEE OSW OWW
 School District BRENTWOOD
 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. WIDTH of paved driveway(s) fronting property _____ feet
 12. Name of Filed Map SALT SPRING PARK
 Lot No. on Filed Map 7

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.

Robert W. Keiser
 Signature of PROPERTY OWNER

 Signature of CONTRACTOR
 County Name _____
 Government License # _____

 Signature of TOWN LICENSED PLUMBER
 Town _____
 License # _____ Tel # _____

Sworn to before me this 2nd day of December 1979
Marilyn Kobel
 Notary Public

Sworn to before me this _____ day of _____ 19____

Sworn to before me this _____ day of _____ 19____

MARILYN KOBEL
 Notary Public, State of New York
 No. 4794381
 Qualified in Salt Spring County
 Commission Expires March 30, 1985

TOWN OF ISLIP BUILDING DIVISION
 1 Manhattan Co., Islip, N. Y. 11751

**STRUCTURES 4 YEARS & OLDER ONLY
 CERTIFICATE OF COMPLIANCE FEES:**

Above Ground Pool	\$ 75.00
In Ground Pool	\$ 175.00
Accessory Structure up to 100 SF	\$ 75.00
Accessory Structure over 100 SF	\$ 150.00
Main Dwelling Addition and/or Alteration	\$ 300.00
Stove/Fireplace	\$ 75.00
Unroofed Open Deck	\$ 100.00
Plumbing	\$ 75.00
Maximum Certificate of Compliance Fee	\$ 500.00
Commercial Structures	\$ 600.00

FOR OFFICE USE ONLY

226-1-40

ADDRESS 177 Massachusetts Ave

POST OFFICE Islip, Long Is.

SPECIAL CONDITIONS _____

DATE ISSUED 7/14/01 BY GD

EXPIRES 7/14/01 TOTAL FEE 100

PERMIT # PK 3086

C/C ISSUED 8-4-00

PROPERTY OWNER
 NAME Debbie Acvildo
 ADDRESS 177 Massachusetts Ave
Islip, Long Is. 11751

INSTRUCTIONS: SUBMIT THIS COMPLETED, NOTARIZED APPLICATION, IN PERSON, SURVEY THAT ACCURATELY DEPICT ALL EXISTING STRUCTURES, FLOOR PLAN OF STRUCTURE (ONLY REQUIRED IF CERTIFICATE OF COMPLIANCE IS FOR MAJOR DRESSING, ADDITION, ALTERATION, OR CONSTRUCTION) & FEE TO PERMIT BUREAU.

ALL ANSWERS ARE TO BE PRINTED IN INK OR TYPED:

1. ALL UNDOCUMENTED STRUCTURES

PROPERTY SETBACKS

SIZE	TYPE OF STRUCTURE BUILT	AGE	FRONT	OTHER FRONT YARD (CORNER LOTS)	REAR	SIDE	OTHER SIDE
12x12	Raised wood Deck	16 yrs	19.0		57.00	27.73	46.27

2. SIZE OF PROPERTY (ft.w) x (ft.w) = 11,263.20 SQ. FT. OR _____

3. PROPERTY LOCATION: POST OFFICE: _____
3 E W SIDE OF Massachusetts Ave, 15200 FT N S E W OF Ohio Ave

4. ARE THERE ANY PROPERTY COVENANTS OR CONDITIONS OR SPECIAL PERMITS WHICH WOULD AFFECT DEVELOPMENT OF THIS PROPERTY? IF YES, PLEASE ATTACH. _____

5. NAME OF FILED MAP (SEE SURVEY) Sawwood Park LOT NO. #8
 NAME Debbie Acvildo

SIGNATURE OF PROPERTY OWNER
Debbie Acvildo

SWORN TO BEFORE ME ON THIS
13 DAY OF July, 2001



NOTARY PUBLIC

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: 177 Massachusetts Avenue, Bay Shore NY
Tax Map #: 0500226000100040000

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:

The violations are indicated below:

0000145641 Failure to provide and maintain smoke and carbon monoxide detectors as required. Gas fired furnace is to be repaired/replaced before using again. Construction/alterations to basement without the required permit (created an apartment).

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

MASSACHUSETTS AVE

Street Number

177

Search

Clear

Enter Tax Map #: (19 Digits)

Search

Clear

Account
Number

Account
Name

Street

Town

Zip

Balance
[Live Chat](#)

Tax Map

4060 Sunrise Highway | Oakdale, NY 11769

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



[Contact SCWA](#)

[Privacy Policy](#)

[Site Map](#)

[Terms of Use](#)

© 2019 Suffolk County Water Authority. All rights reserved