

| Property Information | | Request Information | | Update Information | |
|-------------------------------|----------------------|-----------------------|------------|---------------------------|--|
| File#: | BS-X01798-1710046257 | Requested Date: | 11/22/2024 | Update Requested: | |
| Owner: | WILLIE HAUSER | Branch: | | Requested By: | |
| Address 1: | 289 SAYVILLE BLVD | Date Completed: | 12/09/2024 | Update Completed: | |
| Address 2: | | # of Jurisdiction(s): | | | |
| City, State Zip: SAYVILLE, 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

DEMOLITION NO

UTILITIES Water:

Account #: 3000211782 Payment Status: PAID Status: Pvt & Lienable Amount: \$0.00 Good Thru: NA Account: 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 go to the shared septic system.

GARBAGE:

Garbage bills are included in the real estate property taxes.



unty Property Tax Inquiry / Payment Portal

Property Look-up Property Detail

| Parcel ID | 05003070004000080000000 |
|-----------------------|-------------------------|
| Alternate Parcel ID | 05000000000048434050000 |
| Location | 289 SAYVILLE BLV |
| Owner as of January 1 | HAUSER WILLIE & |
| Customer ID | 8663778 |
| Jurisdiction | ISLIP |
| Acres | 0.260 |
| Assessed Value | \$37,800.00 |
| Exemptions Value | \$5,000.00 |
| 2023 Charges | \$10,396.78 |
| | |

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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:

December 06, 2024

RE:

Address:

289 Sayville Boulevard, Sayville NY

Tax Map #: 0500307000400008000

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,

Linda A. Harding

Principal Office Assistant

Linda G. Harding

Date Stamp Here



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

| Name of Applicar | ıt: | Mailing Address of A | pplicant (include suite | if applicable): |
|--|---|--|--|---|
| Kevin Smith | | The second secon | 2605 Maitland Center Parkway, Suite C | |
| Name of Business | or Firm: | City: | State: | Zip Code |
| Stellar Innovation | on | Maitland | FL | 32751 |
| Signature of Appl | Kevin Smith | Date of Application 11-24-2024 | : | |
| Telephone Numbe | Ann CHONOLOGA ACCUPATION PROGRAMME | Department if know | vn: | |
| 302-261-9069 | | Building Departm | ent | |
| what record(s) you supply DOCUME 14 MORRIS ST, | OF RECORD SOUGHT TO INSI as specific detail as possible, with seek, your application will be deni NTS THAT ALREADY EXIST (BRENTWOOD, NY11717 // Pa DING/EXPIRED PERMIT | address, date or time frame, if appled. Under the NYS FOIL Law, the NYS POL Article 6). | licable. If we cannot e Town of Islip is <u>on</u> | datamaina |
| what record(s) you supply DOCUME 14 MORRIS ST, Any OPEN/PEN | as specific detail as possible, with seek, your application will be deni NTS THAT ALREADY EXIST (BRENTWOOD, NY11717 // PaDING/EXPIRED PERMIT | address, date or time frame, if appled. Under the NYS FOIL Law, the NYS POL Article 6). arcel: 5000730004000590000 | licable. If we cannot e Town of Islip is <u>on</u> | determine l <u>y</u> required to |
| what record(s) you supply DOCUME! 14 MORRIS ST, Any OPEN/PEN! Be advised that ther digital formats, cost or paid for any page | as specific detail as possible, with seek, your application will be deni NTS THAT ALREADY EXIST (BRENTWOOD, NY11717 // PaDING/EXPIRED PERMIT For is a statutory fee due (\$.25 per part of reproduction will be charged. It is required to be redacted prior to was to pay any outstanding FOIL fees of the pay and the p | address, date or time frame, if appled. Under the NYS FOIL Law, the NYS POL Article 6). arcel: 5000730004000590000 EE SCHEDULE age, not in excess of 9x14) for copi Deposits may be required for voluming a file. FOIL requests will a | licable. If we cannot be Town of Islip is on one of Islip is o | determine Iv required to e, including by fees are to |
| what record(s) you supply DOCUME! 14 MORRIS ST, Any OPEN/PEN! Be advised that ther digital formats, cost to paid for any page company who fails specifically requested. SECT: Receipt of this requirements. | as specific detail as possible, with seek, your application will be deni NTS THAT ALREADY EXIST (BRENTWOOD, NY11717 // PaDING/EXPIRED PERMIT For is a statutory fee due (\$.25 per part of reproduction will be charged. It is required to be redacted prior to was to pay any outstanding FOIL fees of the pay and the p | address, date or time frame, if appled. Under the NYS FOIL Law, the NYS POL Article 6). arcel: 5000730004000590000 EE SCHEDULE age, not in excess of 9x14) for copic Deposits may be required for voluntiewing a file. FOIL requests will a lue for a prior FOIL request. Copic PY AGENCY RECORDS ACCES allow Twenty (20) business days a superstance of the sup | licable. If we cannot be Town of Islip is on one of Islip is o | e, including by fees are to any person or nless |
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| Application 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 Islip, NY 11751. If necessary, pleasurangements for the receipt of you | ne "Town of Islip" and su ase contact the Records A or documents if you are ur dule an appointment to vio | bmit to the Building Department, One Manitton Court, access Officer at (631) 224-5470 to make other nable to pick them up at our Building Department. ew the documents requested. If we are not contacted | |
| ☐ A redaction fee in the amount of \$_ | is c | due at the time of viewing appointment. | |
| | | PROVIDED OR REDACTED | |
| Request needs to be more specific by determine what record(s) you seek Records not possessed by the Town After a diligent search, there are no that are responsive to your request. If a record exists, would be a law en Please contact our Code Enforceme (631) 224-5548 for a violation search are trade secrets or commercial entowhich if disclosed, would cause injure position of the subject enterprise. Municipalities are only required to se documents requested that are in existing the secrets of the secret of the subject enterprise. | known documents known documents forcement record. Int Department at the - a fee applies. erprise documents ary to the competitive fearch for specific | □ 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 Information Law □ Exempt examination questions or answers □ Other: | |
| Name of Records Access Officer: Records Access Officer Signature: Date: X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| 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 hereby appeal: | aturo. | | |
| Signa | nure | Date | |

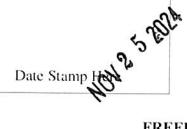
Date Stamp Here & 101



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

| Name of Applicant: | Mailing Address of Applicant | timalando ante 16 | |
|--|--|----------------------|-------------|
| Kevin Smith | Mailing Address of Applicant (include suite if applicable): | | |
| 2003 Malciana Center Farkway, Suite | | e C | |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland FL 3275: | | 32751 |
| Signature of Applicant: Evan Poster | 11-24-2024 | | |
| Telephone Number: Keyer Country Restaurant Pelande | Department if known: | | |
| 302-261-9069 | Building Department | | |
| 34 STOCKTON ST, BRENTWOOD, NY11717 // Parcel: Any OPEN/PENDING/EXPIRED PERMIT | | | |
| FEE SCHE Be advised that there is a statutory fee due (\$.25 per page, not in digital formats, cost of reproduction will be charged. Deposits m be paid for any pages required to be redacted prior to viewing a f company who fails to pay any outstanding FOIL fees due for a proper specifically requested otherwise. | excess of 9x14) for copies. For ay be required for voluminous ile. FOIL requests will not be r | requests. Copy | fees are to |
| SECTION 2 – TO BE COMPLETED BY AGENORECE Receipt of this request is hereby acknowledged. Please allow Tw this office. A copy of this form is being mailed to you indicati | enty (20) business days for pro- | cessing before o | contacting |
| 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 fiv | e (5) business days. | |

| Application 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 \$ | | | |
| ☐ A redaction fee in the amount of \$ | is due at the time of viewing appointment. ALLY PROVIDED OR REDACTED | | |
| Request needs to be more specific because cannot determine what record(s) you seek Records not possessed by the Town of Islip After a diligent search, there are no known documents that are responsive to your request If a record exists, would be a law enforcement record. Please contact our Code Enforcement Department at (631) 224-5548 for a violation search – a fee applies. Law Enforcement Records Are trade secrets or commercial enterprise documents which if disclosed, would cause injury to the competitive position of the subject enterprise Municipalities are only required to search for specific documents requested that are in existence. | □ 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 Information Law □ Exempt examination questions or answers □ Other: | | |
| Name of Records Access Officer: Records Access Officer Signature: Date: 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 hereby appeal: | | | |
| Signature | Date | | |

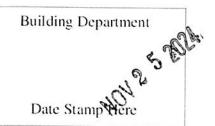




FREEDOM OF INFORMATION LAW (F.O.I.L.) APPLICATION FOR ACCESS TO PUBLIC RECORDS FROM OUR BUILDING DEPARTMENT

| Name of Applican | t: | Mailing Address of Applicant | (include suite i | f applicable): |
|--------------------------|--|--|---------------------|----------------|
| Kevin Smith | | 2605 Maitland Center Parkway, Suite C | | |
| Name of Business | or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | | Maitland | FL | 32751 |
| Signature of Appli | cant: Evan Foster | Date of Application: 11-24-2024 | | |
| Telephone Number | Key, CHROCOSE To Ry 2018 His west / Highway | Department if known: | | |
| 302-261-9069 | | Building Department | | |
| 154 BEECH ST, I | seek, your application will be denied. Under NTS THAT ALREADY EXIST (NYS POL ISLIP, NY11751// Parcel: 500272000 DING/EXPIRED PERMIT | Article 6). | , | |
| be paid for any page | FEE SCHE e is a statutory fee due (\$.25 per page, not in of reproduction will be charged. Deposits n es required to be redacted prior to viewing a f to pay any outstanding FOIL fees due for a p ed otherwise. | excess of 9x14) for copies. For any be required for voluminous file. FOIL requests will not be r | requests. Copy | fees are to |
| Receipt of this reque | ON 2 – TO BE COMPLETED BY AGEN est is hereby acknowledged. Please allow Two of this form is being mailed to you indicate | venty (20) business days for pro | cessing before | contacting |
| Date | Records Access Officer | | Application | Number |
| Building Departme | nt, 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 fiv | e (5) business days | n. |

| A | pplication Number | | | | |
|------|---|--|-------------|--|--|
| | FOR AGENCY USE ONLY BELOW SECION 3 – NOTICE TO APPLICANT | | | | |
| | DEPOSIT REQUIRED | | | | |
| | check or money order payable to the Islip, NY 11751. If necessary, please | he "Town of Islip" and s ase contact the Records | ubm Acce | oduction is \$ Please bring your cash, it to the Building Department, One Manitton Court, ass Officer at (631) 224-5470 to make other le to pick them up at our Building Department. | |
| | Please call (631) 224-5470 to schedule within thirty (30) days to schedule | | | the documents requested. If we are not contacted e deemed closed. | |
| | A redaction fee in the amount of \$_ | is | due | at the time of viewing appointment. | |
| | RECORDS I | DENIED, PARTIALLY | PR | OVIDED 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 no that are responsive to your request. If a record exists, would be a law en Please contact our Code Enforceme (631) 224-5548 for a violation search. Law Enforcement Records Are trade secrets or commercial ent which if disclosed, would cause injuposition of the subject enterprise | h of Islip known documents characteristics h had been been been been been been been bee | | 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 Information Law Exempt examination questions or answers Other: | |
| | | | | | |
| Nan | ne of Records Access Officer: | Recards Access Of | fficer | Signature: Date: 1 DOO | |
| | s Freedom of Information Request creafter, it will be destroyed. | will remain on file for | six (| 6) months from the date of final determination. | |
| Sen | 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 he | reby appeal: | | | Pote | |
| | Sign | ature | | Date | |





| Name of Applicant: | Mailing Address of Applicant | (include suite if | applicable): |
|---|---|----------------------|--------------|
| Kevin Smith | 2605 Maitland Center Parkway, Suite C | | |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland | FL | 32751 |
| Signature of Applicant: Date of Application: 11-24-2024 | | | |
| Telephone Number: | Department if known: | | |
| 302-261-9069 | Building Department | | |
| what record(s) you seek, your application will be denied. Under supply DOCUMENTS THAT ALREADY EXIST (NYS POL 43 BARTLEY LANE, WEST SAYVILLE, NY11796// Parce Any OPEN/PENDING/EXPIRED PERMIT | Article 6). | | in a second |
| FEE SCHE Be advised that there is a statutory fee due (\$.25 per page, not in a digital formats, cost of reproduction will be charged. Deposits m be paid for any pages required to be redacted prior to viewing a fi company who fails to pay any outstanding FOIL fees due for a pr specifically requested otherwise. | excess of 9x14) for copies. For ay be required for voluminous le. FOIL requests will not be re- | requests. Copy | fees are to |
| SECTION 2 – TO BE COMPLETED BY AGENO Receipt of this request is hereby acknowledged. Please allow Tw this office. A copy of this form is being mailed to you indicating | enty (20) business days for pro- | cessing before c | contacting |
| Date Records Access Officer | | Application | 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 fiv | e (5) business days. | |

| Application Number | Application Number | | | |
|---|--|---|--|--|
| | FOR AGENCY USE | | | |
| Before we may continue continue processing your FOIL Application, a deposit in the amount of \$ | | | | |
| ☐ A redaction fee in the amount of \$_ | is du | ne at the time of viewing appointment. | | |
| RECORDS I | DENIED, PARTIALLY P | PROVIDED OR REDACTED | | |
| Request needs to be more specific to determine what record(s) you seek Records not possessed by the Town After a diligent search, there are no that are responsive to your request. If a record exists, would be a law en Please contact our Code Enforceme (631) 224-5548 for a violation search. Law Enforcement Records. Are trade secrets or commercial ent which if disclosed, would cause injure position of the subject enterprise. Municipalities are only required to see documents requested that are in exist. | known documents known documents forcement record. Int Department at the - a fee applies. erprise documents arry to the competitive search for specific stence. | 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 Information Law Exempt examination questions or answers Other: | | |
| Thereafter, it will be destroyed. You have the right to appeal a denial of | of this application in writi | x (6) months from the date of final determination. ing 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 hereby appeal:Sign | ature | Date | | |

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Date Stamp Hear 5 2024



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

| Name of Applicant: | ne of Applicant: Mailing Address of Applicant (include suite if applicable): | | |
|--|---|--|--|
| Kevin Smith | 2605 Maitland Ce | nter Parkway, Su | ite C |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland | FL | 32751 |
| Signature of Applicant: Evan Foster | Date of Application: 11-24-2024 | | |
| Telephone Number: | Department if know | n: | |
| 302-261-9069 | Building Departme | ent | |
| DESCRIPTION OF RECORD SOUGHT TO INSPECT record(s) sought in as specific detail as possible, with addres what record(s) you seek, your application will be denied. Us supply DOCUMENTS THAT ALREADY EXIST (NYS I 289 SAYVILLE BLVD, SAYVILLE, NY11782// Parce Any OPEN/PENDING/EXPIRED PERMIT | s, date or time frame, if appl nder the NYS FOIL Law, the POL Article 6). | icable. If we cannot on the Town of Islip is onl | datarmina |
| FEE SC Be advised that there is a statutory fee due (\$.25 per page, no digital formats, cost of reproduction will be charged. Deposi be paid for any pages required to be redacted prior to viewing company who fails to pay any outstanding FOIL fees due for specifically requested otherwise. SECTION 2 – TO BE COMPLETED BY AG Receipt of this request is hereby acknowledged. Please allow this office. A copy of this form is being mailed to you indi | ts may be required for volum g a file. FOIL requests will r a prior FOIL request. Copic ENCY RECORDS ACCES (Twenty (20) business days | ninous requests. Cop, not be processed for a ses will be prepared un to the process (FOIL) OFFICE! | y fees are to ny person or iless |
| Date Records Access Officer | | Application | n Number |
| Building Department, One Manitton Court, Islip, NY 117 | 751 (631) 224-5470 | . • | |
| Please note: The Public Officer's Law requires a municipality to acknowle | | vithin five (5) business day | vs. |

| Application Number | | | |
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| | FOR AGENCY USE OF | | |
| DEPOSIT REQUIRED Before we may continue continue processing your FOIL Application, a deposit in the amount of \$ is required within thirty (30) days of this response. Please forward a check payable to the "Town of Islip" in the deposit amount to the attention of the Records Access Officer, Building Department, One Manitton Court, Islip, New York 11751. For questions, please call (631) 224-5470. If we do not receive your deposit within thirty (30) days of this response, your FOIL will be deemed closed. RECORDS PROVIDED The records have been fully provided. The records have been partially provided or redacted. | | | |
| check or money order payable to the " Islip, NY 11751. If necessary, please arrangements for the receipt of your d | - 프로스 | | |
| ☐ A redaction fee in the amount of \$ | 200 A | | |
| RECORDS DE | NIED, PARTIALLY PR | OVIDED OR REDACTED | |
| Request needs to be more specific becadetermine what record(s) you seek Records not possessed by the Town of After a diligent search, there are no know that are responsive to your request If a record exists, would be a law enfort Please contact our Code Enforcement II (631) 224-5548 for a violation search— Law Enforcement Records Are trade secrets or commercial enterpowhich if disclosed, would cause injury position of the subject enterprise Municipalities are only required to sear documents requested that are in existential | own documents recement record. Department at - a fee applies. rise documents to the competitive rch for specific ace. | 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 Information Law Exempt examination questions or answers Other: | |
| Name of Records Access Officer: This Freedom of Information Request wi | Records Access Officer X | Signature: Mulcollo X Date: X Months from the date of final determination. | |
| Thereafter, it will be destroyed. You have the right to appeal a denial of the | his application in writing wn Hall, 655 Main Stree | g within thirty (30) days to Ernest J. Cannava, t, Islip, New York 11751. You are entitled to an | |
| Signatu | re | Date | |





| Name of Applicant: | Mailing Address of Applicant | (include suite if | applicable): |
|---|--|---|-----------------------------------|
| Kevin Smith | 2605 Maitland Center P | arkway, Suite | e C |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland | FL | 32751 |
| Signature of Applicant: Supplied the State of Applicant Control of Control Evan Foster | Date of Application: 11-24-2024 | L | |
| Telephone Number: | Department if known: | | |
| 302-261-9069 | Building Department | | |
| record(s) sought in as specific detail as possible, with address, day what record(s) you seek, your application will be denied. Under supply DOCUMENTS THAT ALREADY EXIST (NYS POL 890 FERNDALE BLVD, CENTRAL ISLIP, NY11722// Pa Any OPEN/PENDING/EXPIRED PERMIT | the NYS FOIL Law, the Town Article 6). | of Islip is <u>only</u> | required to |
| FEE SCHE Be advised that there is a statutory fee due (\$.25 per page, not in a digital formats, cost of reproduction will be charged. Deposits m be paid for any pages required to be redacted prior to viewing a fi company who fails to pay any outstanding FOIL fees due for a pr specifically requested otherwise. SECTION 2 – TO BE COMPLETED BY AGENO Receipt of this request is hereby acknowledged. Please allow Tw | excess of 9x14) for copies. For any be required for voluminous and the FOIL requests will not be prior FOIL request. Copies will be EY RECORDS ACCESS (FO enty (20) business days for pro- | requests. Copy processed for any be prepared unle | fees are to y person or ess |
| this office. A copy of this form is being mailed to you indicating Date Records Access Officer | ng your request is being proce | essed. | |
| Building Department, One Manitton Court, Islip, NY 11751 (| 621) 224 5470 | Application | Number |
| | | | |
| Please note: The Public Officer's Law requires a municipality to acknowledge | receipt of this FOIL request within fiv | e (5) business days. | |

| Application Number | | | |
|--|---|--|--|
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| arrangements for the receipt of you | r documents if you are under the desired an appointment to via viewing, your FOIL wi | nable to pick them up at our Building Department. ew the documents requested. If we are not contacted | |
| RECORDS I | DENIED, PARTIALLY | PROVIDED OR REDACTED | |
| Request needs to be more specific to determine what record(s) you seek Records not possessed by the Town After a diligent search, there are no that are responsive to your request If a record exists, would be a law en Please contact our Code Enforceme (631) 224-5548 for a violation search are trade secrets or commercial ent which if disclosed, would cause injurposition of the subject enterprise Municipalities are only required to se documents requested that are in existing the secret of the secret of the subject enterprise. | known documents chocked a fee applies. chocked a fee applies. | □ 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 Information Law □ Exempt examination questions or answers □ Other: | |
| Name of Records Access Officer: Records Access Officer Signature: 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. | | | |
| hereby appeal: | | | |

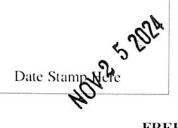




FREEDOM OF INFORMATION LAW (F.O.I.L.) APPLICATION FOR ACCESS TO PUBLIC RECORDS FROM OUR BUILDING DEPARTMENT

| Name of Applicant: | Mailing Address of Applicant | (include suite if | applicable): | |
|--|------------------------------------|-------------------|--------------|--|
| Kevin Smith | 2605 Maitland Center P | arkway, Suite | 2 C | |
| Name of Business or Firm: | City: | State: | Zip Code: | |
| Stellar Innovation | Maitland | FL | 32751 | |
| Signature of Applicant: Evan Foster | Date of Application: 11-24-2024 | | | |
| Telephone Number: | Department if known: | | | |
| 302-261-9069 | Building Department | | | |
| 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 time frame, 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). 27 SECATOGUE AVENUE, EAST ISLIP, NY11730// Parcel: 5003730001000600000000 Any OPEN/PENDING/EXPIRED PERMIT | | | | |
| 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 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. | | | | |

| Application Number | | | |
|--|--|--|--|
| 1 | USE ONLY BELOW TICE TO APPLICANT | | |
| Before we may continue continue processing your FOIL Application, a deposit in the amount of \$ | | | |
| Islip, NY 11751. If necessary, please contact the Recor arrangements for the receipt of your documents if you a | to view the documents requested. If we are not contacted | | |
| ☐ A redaction fee in the amount of \$ | is due at the time of viewing appointment. | | |
| RECORDS DENIED, PARTIAI | LLY PROVIDED OR REDACTED | | |
| Request needs to be more specific because cannot determine what record(s) you seek Records not possessed by the Town of Islip After a diligent search, there are no known documents that are responsive to your request If a record exists, would be a law enforcement record. Please contact our Code Enforcement Department at (631) 224-5548 for a violation search – a fee applies. Law Enforcement Records Are trade secrets or commercial enterprise documents which if disclosed, would cause injury to the competitive position of the subject enterprise Municipalities are only required to search for specific documents requested that are in existence. | 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 Information Law Exempt examination questions or answers Other: | | |
| Name of Records Access Officer: Records Access Officer Signature: Date: Date: 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. | | | |
| hereby appeal: Date | | | |

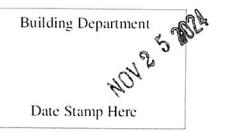




FREEDOM OF INFORMATION LAW (F.O.I.L.) APPLICATION FOR ACCESS TO PUBLIC RECORDS FROM OUR BUILDING DEPARTMENT

| ame of Applicant: Mailing Address of Applicant (include suite if applicable): | | | |
|--|--|-------------------------------------|-------------|
| Kevin Smith | 2605 Maitland Center Parkway, Suite C | | e C |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland | FL | 32751 |
| Signature of Applicant: Evan Poster | Date of Application: 11-24-2024 | | A |
| Telephone Number: | Department if known: | | |
| 302-261-9069 | Building Department | | |
| 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 time frame, 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). 40 DOUGLAS ST, BRENTWOOD, NY11717// Parcel: 5000520002000120000000 Any OPEN/PENDING/EXPIRED PERMIT | | | |
| FEE SCHEI Be advised that there is a statutory fee due (\$.25 per page, not in edigital formats, cost of reproduction will be charged. Deposits make paid for any pages required to be redacted prior to viewing a fit company who fails to pay any outstanding FOIL fees due for a prespecifically requested otherwise. | excess of 9x14) for copies. For ay be required for voluminous a le. FOIL requests will not be re | requests. Copy processed for any | fees are to |
| 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 t | eceipt of this FOIL request within fiv | e (5) business days. | |

| A | pplication Number | | | | |
|------|--|--|---------------------|--|----------|
| | | FOR AGENCY US SECION 3 – NOTIC | | | |
| | DEPOSIT REQUIRED | | | | |
| | check or money order payable to the Islip, NY 11751. If necessary, plearrangements for the receipt of you | he "Town of Islip" and s ase contact the Records ir documents if you are | ubm Acce unab | eduction is \$ Please bring your cash, it to the Building Department, One Manitton Court, ass Officer at (631) 224-5470 to make other le to pick them up at our Building Department. the documents requested. If we are not contacted | |
| | within thirty (30) days to schedule | a viewing, your FOIL w | vill be | e deemed closed. | |
| | A redaction fee in the amount of \$ | | | at the time of viewing appointment. | \dashv |
| | | | YPK | OVIDED OR REDACTED | \dashv |
| | Request needs to be more specific determine what record(s) you seek | | | 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 | |
| | After a diligent search, there are no that are responsive to your request. If a record exists, would be a law en Please contact our Code Enforcement (631) 224-5548 for a violation search. Law Enforcement Records Are trade secrets or commercial ent which if disclosed, would cause injury position of the subject enterprise | known documents known documents characteristics charac | | 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 Information Law Exempt examination questions or answers Other: | |
| | Municipalities are only required to documents requested that are in exist | | | | |
| Nan | Name of Records Access Officer: Records Access Officer Signature: Date: Date: X X X X X X X X 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. | | | | |
| Sen | 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 he | reby appeal: | | | | |
| | Sign | ature | | Date | 1 |





| Name of Applicant: | Mailing Address of Applicant | (include suite if | applicable): |
|---|---|----------------------------------|--------------|
| Kevin Smith | 2605 Maitland Center P | arkway, Suite | e C |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland | FL | 32751 |
| Signature of Applicant: Evan Foster | Date of Application: 11-24-2024 | | |
| Telephone Number: | Department if known: | | |
| 302-261-9069 | Building Department | | |
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| FEE SCHED Be advised that there is a statutory fee due (\$.25 per page, not in e digital formats, cost of reproduction will be charged. Deposits mabe paid for any pages required to be redacted prior to viewing a fil company who fails to pay any outstanding FOIL fees due for a prispecifically requested otherwise. | xcess of 9x14) for copies. For ty be required for voluminous re. FOIL requests will not be n | requests. Copy brocessed for any | fees are to |
| SECTION 2 – TO BE COMPLETED BY AGENC Receipt of this request is hereby acknowledged. Please allow Two this office. A copy of this form is being mailed to you indicatin | enty (20) business days for pro- | cessing before e | contacting |
| 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 re | eceipt of this FOIL request within fiv | e (5) business days. | |

| Application Number | | | | |
|---|--|--|--|--|
| FOR AGENCY USE ONLY BELOW SECION 3 – NOTICE TO APPLICANT | | | | |
| required within thirty (30) days of amount to the attention of the Rec. 11751. For questions, please call response, your FOIL will be deem The records have been fully | processing your FOIL A this response. Please foords Access Officer, Bui (631) 224-5470. If we ded closed. RECORDS Provided. | pplication, a deposit in the amount of \$ is rward a check payable to the "Town of Islip" in the deposit lding Department, One Manitton Court, Islip, New York o not receive your deposit within thirty (30) days of this ROVIDED he records have been partially provided or redacted. | | |
| check or money order payable to the Islip, NY 11751. If necessary, pleasurangements for the receipt of you Please call (631) 224-5470 to schedule within thirty (30) days to schedule | 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. | | | |
| A redaction fee in the amount of \$ | | due at the time of viewing appointment. 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 no that are responsive to your request If a record exists, would be a law en Please contact our Code Enforcemen (631) 224-5548 for a violation search are trade secrets or commercial ent which if disclosed, would cause injurposition of the subject enterprise Municipalities are only required to documents requested that are in existing the secret of the secret of the subject enterprise. | h of Islip known documents hard forcement record. ent Department at ch – a fee applies. ereprise documents erry to the competitive search for specific stence. | □ 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 Information Law □ Exempt examination questions or answers □ Other: | | |
| Thereafter, it will be destroyed. You have the right to appeal a denial of Senior Assistant Town Attorney, Islip | of this application in wi Town Hall, 655 Main S | six (6) months from the date of final determination. riting within thirty (30) days to Ernest J. Cannava, Street, Islip, New York 11751. You are entitled to an | | |
| explanation of the reason for such den I hereby appeal: Sign | ial in writing within ter | Date | | |

Date Stamp Here 3 5 2002



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

| Name of Applicant: | Mailing Address of A | Mailing Address of Applicant (include suite if applicable 2605 Maitland Center Parkway, Suite C | |
|--|--|---|--|
| Kevin Smith | 2605 Maitland Ce | | |
| Name of Business or Firm: | City: | State: Zip Cod | |
| Stellar Innovation | Maitland | FL 32751 | |
| Signature of Applicant: Evan Foster | Date of Application 11-24-2024 | 1: | |
| Telephone Number: Key COMPERCION TO THE REPORT FOR THE PARTY TO THE PA | Department if know | vn: | |
| 302-261-9069 | Building Departm | Building Department | |
| DESCRIPTION OF RECORD SOUGHT TO INSPI record(s) sought in as specific detail as possible, with a what record(s) you seek, your application will be denies supply DOCUMENTS THAT ALREADY EXIST (N 241 VERMONT AVE, BAY SHORE, NY11706// I Any OPEN/PENDING/EXPIRED PERMIT | d. Under the NYS FOIL Law, the IYS POL Article 6). | e Town of Islip is only required to | |
| record(s) sought in as specific detail as possible, with a what record(s) you seek, your application will be denied supply DOCUMENTS THAT ALREADY EXIST (N 241 VERMONT AVE, BAY SHORE, NY11706// I Any OPEN/PENDING/EXPIRED PERMIT | d. Under the NYS FOIL Law, the IYS POL Article 6). Parcel: 5002250002000770 | e Town of Islip is only required to | |
| record(s) sought in as specific detail as possible, with a what record(s) you seek, your application will be denied supply DOCUMENTS THAT ALREADY EXIST (N 241 VERMONT AVE, BAY SHORE, NY11706// I Any OPEN/PENDING/EXPIRED PERMIT | d. Under the NYS FOIL Law, the IYS POL Article 6). Parcel: 5002250002000770 EE SCHEDULE ge, not in excess of 9x14) for copposits may be required for volucewing a file. FOIL requests will | pies. For anything else, including minous requests. Copy fees are to not be processed for any person o | |
| record(s) sought in as specific detail as possible, with as what record(s) you seek, your application will be denied supply DOCUMENTS THAT ALREADY EXIST (NOT SHORE) AND ALREADY EXIST (NO | d. Under the NYS FOIL Law, the IYS POL Article 6). Parcel: 5002250002000770 EE SCHEDULE ge, not in excess of 9x14) for coppensits may be required for volucewing a file. FOIL requests will use for a prior FOIL request. Coppensite of the Policy P | pies. For anything else, including minous requests. Copy fees are to not be processed for any person o ies will be prepared unless. | |
| record(s) sought in as specific detail as possible, with a what record(s) you seek, your application will be denied supply DOCUMENTS THAT ALREADY EXIST (NOT STATE ALREADY | d. Under the NYS FOIL Law, the IYS POL Article 6). Parcel: 5002250002000770 EE SCHEDULE ge, not in excess of 9x14) for coppensits may be required for volucewing a file. FOIL requests will use for a prior FOIL request. Coppensite of the Policy P | pies. For anything else, including minous requests. Copy fees are to not be processed for any person o ies will be prepared unless. | |

| A | oplication Number | | | |
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| | | FOR AGENCY US SECION 3 – NOTIC | | |
| | DEPOSIT REQUIRED Before we may continue continue processing your FOIL Application, a deposit in the amount of \$ | | | |
| | ☐ The records have been fully provided. ☐ The records have been partially provided or redacted. | | | |
| | Please call (631) 224-5470 to sche within thirty (30) days to schedule | | | the documents requested. If we are not contacted deemed closed. |
| | A redaction fee in the amount of \$ | is | due | at the time of viewing appointment. |
| | RECORDS | DENIED, PARTIALLY | PR | OVIDED 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 no that are responsive to your request If a record exists, would be a law er Please contact our Code Enforcement (631) 224-5548 for a violation search Law Enforcement Records Are trade secrets or commercial entwhich if disclosed, would cause injuposition of the subject enterprise Municipalities are only required to documents requested that are in existence. | h of Islip known documents horocement record. ent Department at ch – a fee applies. derprise documents arry to the competitive search for specific | | 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 Information Law Exempt examination questions or answers Other: |
| Thi The You Sen exp | Name of Records Access Officer: Records Access Officer: Records Access Officer Signature: Date: 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 hereby appeal: | | | |
| | Sign | ature | | Date |

Date Stamp Are



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

| Name of Applicant: | ne of Applicant: Mailing Address of Applicant (include suite if applicable): | | |
|--|---|--|-----------------------------------|
| Kevin Smith | 2605 Maitland Center P | arkway, Suit | e C |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland | FL | 32751 |
| Signature of Applicant: Svan Foster | Date of Application: 11-24-2024 | 1 | |
| Telephone Number: *** ******************************** | Department if known: | | |
| 302-261-9069 | Building Department | | |
| what record(s) you seek, your application will be denied. Under supply DOCUMENTS THAT ALREADY EXIST (NYS POL 848 BROADWAY AVE, BRENTWOOD, NY11717// Parce Any OPEN/PENDING/EXPIRED PERMIT | Article 6). | | required to |
| FEE SCHE Be advised that there is a statutory fee due (\$.25 per page, not in digital formats, cost of reproduction will be charged. Deposits m be paid for any pages required to be redacted prior to viewing a f company who fails to pay any outstanding FOIL fees due for a proper specifically requested otherwise. | excess of 9x14) for copies. For ay be required for voluminous the FOIL requests will not be prior FOIL request. Copies will | requests. Copy processed for an be prepared unle | fees are to y person or ess |
| SECTION 2 – TO BE COMPLETED BY AGENORECE Receipt of this request is hereby acknowledged. Please allow Tw this office. A copy of this form is being mailed to you indicati | enty (20) business days for pro- | ocessing before a | contacting |
| Date Records Access Officer | | Application | 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 fi | e (5) business days | |

| Application Number | | | | |
|---|--|---|--|--|
| FOR AGENCY USE ONLY BELOW SECION 3 – NOTICE TO APPLICANT | | | | |
| Before we may continue continue processing your FOIL Application, a deposit in the amount of \$ | | | | |
| □ The document(s) you requested are available. The cost of reproduction is \$ Please bring your cash, 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. | | | | |
| | | 2 | | |
| □ 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 because cannot determine what record(s) you seek □ Records not possessed by the Town of Islip □ After a diligent search, there are no known documents that are responsive to your request that are responsive to your request that are responsive to ur Code Enforcement Department at (631) 224-5548 for a violation search – a fee applies. □ Law Enforcement Records □ Are trade secrets or commercial enterprise documents which if disclosed, would cause injury to the competitive position of the subject enterprise □ Municipalities are only required to search for specific documents requested that are in existence. □ 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 Information Law □ Exempte examination questions or answers □ Other: □ Other: | | | | |
| Name of Records Access Officer: Records Access Officer Signature: X Date: 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. | | | | |
| Signature Date | | | | |





| Name of Applicant: | Mailing Address of A | pplicant (include suite | if applicable): |
|---|--|-------------------------|---------------------------------|
| Kevin Smith | 2605 Maitland Center Parkway, Suite C | | |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland | FL | 32751 |
| Signature of Applicant: Signature of Applicant: Evan Foster | Date of Application 11-24-2024 | 1: | |
| Telephone Number: | Department if know | wn: | |
| 302-261-9069 | Building Departn | nent | |
| 56 CYPRESS ST, CENTRAL ISLIP, NY11722// Par Any OPEN/PENDING/EXPIRED PERMIT | cel: 500143000200013 | 0000000 | |
| FEE S Be advised that there is a statutory fee due (\$.25 per page, n digital formats, cost of reproduction will be charged. Depot be paid for any pages required to be redacted prior to viewin company who fails to pay any outstanding FOIL fees due for specifically requested otherwise. | sits may be required for volu ig a file. FOIL requests will | minous requests. Cop | py fees are to any person or |
| SECTION 2 – TO BE COMPLETED BY A Receipt of this request is hereby acknowledged. Please allo this office. A copy of this form is being mailed to you income the complete the copy of this form is being mailed to you income. | w Twenty (20) business day | s for processing befor | ER re contacting |
| Date Records Access Officer | | Application | on Number |
| Building Department, One Manitton Court, Islip, NY 1 | 1751 (631) 224-5470 | | |
| Please note: The Public Officer's Law requires a municipality to acknow | vledge veceint of this FOII | tunidala Grades torri | |

| Appl | ication Number | | | |
|--|---|---|--|------------|
| | FOR AGENCY USE ONLY BELOW | | | |
| | | SECION 3 - NOTICE | | |
| r a 1 r | required within thirty (30) days of this response. Please forward a check payable to the "Town of Islip" in the deposit amount to the attention of the Records Access Officer, Building Department, One Manitton Court, Islip, New York 11751. For questions, please call (631) 224-5470. If we do not receive your deposit within thirty (30) days of this response, your FOIL will be deemed closed. RECORDS PROVIDED | | | |
| □ T c Is | ☐ The records have been fully provided. ☐ The records have been partially provided or redacted. ☐ The document(s) you requested are available. The cost of reproduction is \$ Please bring your cash, 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. | | | |
| W | 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 | | | due at the time of viewing appointment. | |
| | RECORDS | DENIED, PARTIALLY | Y PROVIDED OR REDACTED | |
| □ R | Request needs to be more specific letermine what record(s) you seek | because cannot | □ Complainant's name cannot be disclosed pursuar to the Public Officers Law Article 6A, Sec. 89-2 □ Could endanger the life or safety of any person | nt ?(a) |
| A Att the P (6 | After a diligent search, there are no nat are responsive to your request of a record exists, would be a law elease contact our Code Enforcem (631) 224-5548 for a violation search are trade secrets or commercial envision of the subject enterprise of Municipalities are only required to ocuments requested that are in expenses. | ent Department at rch – a fee applies. Atterprise documents jury to the competitive search for specific istence. | ☐ Municipalities are not required to respond to questions or inquiries, only required to provide specific documents requested that are in existent Unwarranted invasion of personal privacy ☐ Exempt inter-agency or intra-agency materials ☐ Would impair present or imminent contract awar or collective bargaining negotiations ☐ Exempted by statute other than the Freedom of Information Law ☐ Exempt examination questions or answers ☐ Other: | |
| Name of Records Access Officer: Records Access Officer Signature: XX | | | | |
| 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 hereby appeal: Date | | | |
| | 515 | | | 1 |

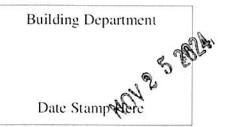
Date Stamp Hear 5 2024



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

| Name of Applicant: | Mailing Address of Applicant | (include suite if | applicable): |
|---|---|-------------------------------------|--------------|
| Kevin Smith 2605 Maitland Center Parkway, Suite C | | | |
| Name of Business or Firm: | City: | State: | , |
| Stellar Innovation | | 1.000 | Zip Code: |
| - 2000/00/00/00 - 10 17 0 T-1-70 0 T-10 0 | Maitland | FL | 32751 |
| Signature of Applicant: Evan Foster | Date of Application: 11-24-2024 | | |
| Telephone Number: | Department if known: | | |
| 302-261-9069 | Building Department | | |
| what record(s) you seek, your application will be denied. Under supply DOCUMENTS THAT ALREADY EXIST (NYS POL 1473 ST LOUIS AVENUE, BAY SHORE, NY 11706// Par Any OPEN/PENDING/EXPIRED PERMIT FEE SCHE | Article 6). rcel : 50026900040006400 | A | required to |
| Be advised that there is a statutory fee due (\$.25 per page, not in a digital formats, cost of reproduction will be charged. Deposits m be paid for any pages required to be redacted prior to viewing a fit company who fails to pay any outstanding FOIL fees due for a prespecifically requested otherwise. | excess of 9x14) for copies. For ay be required for voluminous le. FOIL requests will not be p | requests. Copy processed for any | fees are to |
| SECTION 2 – TO BE COMPLETED BY AGENORECEIPT of this request is hereby acknowledged. Please allow Tw this office. A copy of this form is being mailed to you indicate | enty (20) business days for pro- | cessing before o | contacting |
| Date Records Access Officer | | Application | Number |
| Building Department, One Manitton Court, Islip, NY 11751 | | | |
| Please note: The Public Officer's Law requires a municipality to acknowledge | receipt of this FOIL request within fiv | e (5) business days. | |

| Application | on Number | | | |
|---|--|--|--|--|
| | FOR AGENCY USE ONLY BELOW | | | |
| | SECION 3 – NOTICE TO APPLICANT | | | |
| requir amou 11751 respon | DEPOSIT REQUIRED is a property of \$ is | | | |
| check Islip, I arrang | 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. | | | |
| within | thirty (30) days to schedule | e a viewing, your FOIL w | 1 | |
| ☐ A reda | | | due at the time of viewing appointment. | |
| | RECORDS | DENIED, PARTIALLY | PROVIDED OR REDACTED | |
| □ Reque | st needs to be more specific nine what record(s) you seek | because cannot | □ 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 | |
| After a that ar Please (631): | ds not possessed by the Town a diligent search, there are note responsive to your request cord exists, would be a law contact our Code Enforcement Records and secrets or commercial endisclosed, would cause in on of the subject enterprise ipalities are only required to tents requested that are in expenses. | enforcement record. ent Department at rch – a fee applies. hterprise documents jury to the competitive | ☐ 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 Information Law ☐ Exempt examination questions or answers ☐ Other: | |
| Name of Records Access Officer: Records Access Officer Signature: Date: | | | | |
| This Freed Thereafter | lom of Information Reque ;, it will be destroyed. | st will remain on file for | six (6) months from the date of final determination. | |
| Senior Acc | 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 hereby a | | | Date | |
| | Sig | nature | Date | |





| Name of Applicant: | ame of Applicant: Mailing Address of Applicant (include suite if applica | | le): |
|--|--|--|----------------|
| Kevin Smith | 2605 Maitland Ce | enter Parkway, Suite C | |
| Name of Business or Firm: | City: | State: Zip Co | ode: |
| Stellar Innovation | Maitland | FL 3275 | l |
| Signature of Applicant: Signature of Applicant: Evan Foster | Date of Application 11-24-2024 | : | |
| Telephone Number: Key (Constitute & Constitute & Constitu | Department if know | vn: | |
| 302-261-9069 | Building Departm | ent | |
| Any OPEN/PENDING/EXPIRED PERMIT | | 96000000 | |
| ANY OPEN/PENDING/EXPIRED PERMIT | | | |
| Be advised that there is a statutory fee due (\$.25) digital formats, cost of reproduction will be charged be paid for any pages required to be redacted price company who fails to pay any outstanding FOIL specifically requested otherwise. | ged. Deposits may be required for volu- or to viewing a file. FOIL requests will | nies. For anything else, including minous requests. Copy fees are not be processed for any person | to |
| Be advised that there is a statutory fee due (\$.25 pt digital formats, cost of reproduction will be charged be paid for any pages required to be redacted price company who fails to pay any outstanding FOIL specifically requested otherwise. | per page, not in excess of 9x14) for cop- ged. Deposits may be required for volum or to viewing a file. FOIL requests will fees due for a prior FOIL request. Copin TED BY AGENCY RECORDS ACCE Please allow Twenty (20) business days | nies. For anything else, including minous requests. Copy fees are not be processed for any person ies will be prepared unless ESS (FOIL) OFFICER is for processing before contacting the c | to or |
| Be advised that there is a statutory fee due (\$.25 pt digital formats, cost of reproduction will be charged be paid for any pages required to be redacted price company who fails to pay any outstanding FOIL specifically requested otherwise. SECTION 2 – TO BE COMPLET Receipt of this request is hereby acknowledged. | per page, not in excess of 9x14) for copged. Deposits may be required for volumer to viewing a file. FOIL requests will fees due for a prior FOIL request. Copin FED BY AGENCY RECORDS ACCE. Please allow Twenty (20) business days to you indicating your request is being | nies. For anything else, including minous requests. Copy fees are not be processed for any person ies will be prepared unless ESS (FOIL) OFFICER is for processing before contacting the c | to or ig |
| Be advised that there is a statutory fee due (\$.25) digital formats, cost of reproduction will be charg be paid for any pages required to be redacted price company who fails to pay any outstanding FOIL specifically requested otherwise. SECTION 2 – TO BE COMPLET Receipt of this request is hereby acknowledged, this office. A copy of this form is being mailed | per page, not in excess of 9x14) for cop- ged. Deposits may be required for volum or to viewing a file. FOIL requests will fees due for a prior FOIL request. Copi TED BY AGENCY RECORDS ACCE Please allow Twenty (20) business days to you indicating your request is being | nies. For anything else, including minous requests. Copy fees are not be processed for any person ies will be prepared unless ESS (FOIL) OFFICER is for processing before contacting processed. | to or ig |

| Application 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 Islip, NY 11751. If necessary, plearrangements for the receipt of yo | The document(s) you requested are available. The cost of reproduction is \$ Please bring your cash, 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. | | | |
| within thirty (30) days to schedule | a viewing, your FOIL w | | | |
| ☐ 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 | | □ 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 | | |
| After a diligent search, there are n that are responsive to your request. If a record exists, would be a law of Please contact our Code Enforcem (631) 224-5548 for a violation sea. Law Enforcement Records. Are trade secrets or commercial en which if disclosed, would cause in position of the subject enterprise. Municipalities are only required to documents requested that are in experience. | enforcement record. ent Department at rch – a fee applies. hterprise documents jury to the competitive esearch for specific distence. | 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 Information Law Exempt examination questions or answers Other: | | |
| Name of Records Access Officer: Records Access Officer Signature: X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Thereafter, it will be destroyed. | | six (6) months from the date of final determination. | | |
| 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 hereby appeal: Date | | | | |

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Building Department Date Stamp Here



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

SECTION 1. TO BE COMBLETED BY ADDITIONT

| | IEW OR HAVE COPIED THE RECOR | | BELOW: |
|--|--|--|---------------------------------|
| Name of Applicant: | Mailing Address of A | pplicant (include suite | if applicable): |
| Kevin Smith | 2605 Maitland Ce | enter Parkway, Su | uite C |
| Name of Business or Firm: | City: | State: | Zip Code: |
| Stellar Innovation | Maitland | FL | 32751 |
| Signature of Applicant: Evan Foster | Date of Application 11-24-2024 | 1: | |
| Telephone Number: | Department if know | wn: | |
| 302-261-9069 | Building Departm | nent | |
| supply DOCUMENTS THAT ALREADY 853 WALL ST, BOHEMIA, NY11716// F Any OPEN/PENDING/EXPIRED PERM | Parcel: 5002120003000070000000 | | |
| Be advised that there is a statutory fee due (\$ digital formats, cost of reproduction will be c be paid for any pages required to be redacted company who fails to pay any outstanding FC specifically requested otherwise. | harged. Deposits may be required for volu prior to viewing a file. FOIL requests will | minous requests. Cop not be processed for | py fees are to any person or |
| SECTION 2 – TO BE COMPI Receipt of this request is hereby acknowledge | ETED BY AGENCY RECORDS ACCE ed. Please allow Twenty (20) business day | s for processing before | ER re contacting |

this office. A copy of this form is being mailed to you indicating your request is being processed.

| Date | Records Access Officer | Application 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.

| Application 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 \$ | | | | |
| The document(s) you requested are available. The cost of reproduction is \$ Please bring your cash, 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 sche within thirty (30) days to schedule | dule an appointment to v a viewing, your FOIL w | iew the documents requested. If we are not contacted ill be deemed closed. | | |
| ☐ A redaction fee in the amount of \$ | | 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 Tow After a diligent search, there are no | n of Islip o known documents | □ 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 | | |
| that are responsive to your request If a record exists, would be a law e Please contact our Code Enforcem (631) 224-5548 for a violation sear | nforcement record. ent Department at | □ 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 Information Law | | |
| ☐ Law Enforcement Records ☐ Are trade secrets or commercial en which if disclosed, would cause inj position of the subject enterprise | terprise documents ury to the competitive | ☐ Exempt examination questions or answers ☐ Other: | | |
| ☐ Municipalities are only required to documents requested that are in ex | Municipalities are only required to search for specific documents requested that are in existence. | | | |
| Name of Records Access Officer: Records Access Officer Signature: X Wall William X | | | | |
| Thereafter, it will be destroyed. | | six (6) months from the date of final determination. | | |
| Senior Assistant Town Attorney, Islin | 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 hereby appeal:Sign | I hereby appeal: Date | | | |





Account Balance

| Town SAYVILLE | | | | | | • |
|-------------------|------------------------------|-------------------------|----------|----------------|---------|---------------------|
| Street Name | | | | | | • |
| SAYVILLE BLV |) | | | | | v |
| Street Number | | | | | | |
| 289 | | | | | | v |
| | | | Search | | | |
| | | | Clear | | | |
| | | | | | | |
| Enter Tax Map a | #: (19 Digits) | | | | | |
| | | | Search | | | |
| | | | Clear | | | |
| | | | | | | |
| Account Number | Account Name | Street | Town | Zip | Balance | Tax Map # |
| 3000211782 | HAUSER WILLIE & DEBBIE | 289 SAYVILLE BLVD | SAYVILLE | 11782- 2011 | 0.00 | 0500307000400008000 |

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 |
|-----------------------------------|-------------|
| 10/04/2024 | \$445.31 |
| 07/05/2024 | \$171.69 |
| 04/04/2024 | \$78.46 |
| 01/05/2024 | \$98.49 |

Result as of: 12/9/2024

<u>Click here for the SCWA Escrow Payment form</u>. 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 <u>click link</u> for the method that most effectively meets your needs.

4060 Sunrise Highway | Oakdale, NY 11769 Customer Service: (631) 698-9500







Contact SCWA

Privacy Policy

<u>Site Map</u>

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Terms of Use

^{*}Balance may not reflect most recent activity.