

Building Department

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APR 02 2025



Town of
Islip

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

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

Name of Applicant: Evan	Mailing Address of Applicant (include suite if applicable): 5901 Honore Ave., Ste. 200		
Name of Business or Firm: Proplogix	City: Sarasota	State: FL	Zip Code: 34243
Signature of Applicant: 	Date of Application: 04-01-2025		
Telephone Number: 941-444-7142	Department if known: 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).**

42 4TH ST, BRENTWOOD NY 11717// 050020200010010000000000

Please advise if there are any Open/Expired permit 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.

Date _____ Records Access Officer _____ Application Number _____

Building Department, One Manittan 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
SECTION 3 - NOTICE TO APPLICANT

DEPOSIT REQUIRED

- ☐ Before we may 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 Manittion 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.
- ☐ 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 Manittion Court, Islip, NY 11751. If necessary, please contact the Records Access Officer at (631) 224-5470 to make other arrangements for the receipt of your documents if you are unable to pick them up at our Building Department.
- ☐ Please call (631) 224-5470 to schedule an appointment to view the documents requested. If we are not contacted within thirty (30) days to schedule a viewing, your FOIL will be deemed closed.
- ☐ A redaction fee in the amount of \$_____ is due at the time of viewing appointment.

RECORDS DENIED, PARTIALLY PROVIDED OR REDACTED

- | | |
|--|--|
| <input type="checkbox"/> Request needs to be more specific because cannot determine what record(s) you seek | <input type="checkbox"/> Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A, Sec. 89-2(a) |
| <input type="checkbox"/> Records not possessed by the Town of Islip | <input type="checkbox"/> Could endanger the life or safety of any person |
| <input checked="" type="checkbox"/> After a diligent search, there are no known documents that are responsive to your request
<i>NO OPEN PERMITS</i> | <input type="checkbox"/> Municipalities are not required to respond to questions or inquiries, only required to provide specific documents requested that are in existence |
| <input type="checkbox"/> 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. | <input type="checkbox"/> Unwarranted invasion of personal privacy |
| <input type="checkbox"/> Law Enforcement Records | <input type="checkbox"/> Exempt inter-agency or intra-agency materials |
| <input type="checkbox"/> Are trade secrets or commercial enterprise documents which if disclosed, would cause injury to the competitive position of the subject enterprise | <input type="checkbox"/> Would impair present or imminent contract awards or collective bargaining negotiations |
| <input type="checkbox"/> Municipalities are only required to search for specific documents requested that are in existence. | <input type="checkbox"/> Exempted by statute other than the Freedom of Information Law |
| | <input type="checkbox"/> Exempt examination questions or answers |
| | <input type="checkbox"/> Other: |

Name of Records Access Officer:

Records Access Officer Signature:

Date:

Cindy Gucciello

Cindy Gucciello

X

4/3/05

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