



Town of Brookhaven Long Island

Building Permit Application

APPLICATION is hereby made for a permit to do the following work, which will be done in accordance with the description, survey and plans submitted pursuant to Section 57 of the Worker's Compensation Law, Zoning Ordinances, Building Code and all other applicable ordinances and laws. Article 15 of the Executive Law of the State of New York, Section 296-5 (A) (1) prohibits discrimination in the sale, rental or lease of housing accommodations because of race, creed, color or national origin.

Select All That Apply

<input type="checkbox"/> Residential Building Permit	<input type="checkbox"/> Commercial Building Permit	<input type="checkbox"/> Record Search	<input type="checkbox"/> Certificate of Existing Use	<input type="checkbox"/> Plumbing Work Form (attached)
<input type="checkbox"/> Accessory Apartment License	<input type="checkbox"/> House Rental License (supplement appl. needed)	<input type="checkbox"/> Letter of Correction	<input checked="" type="checkbox"/> Renewal of permit/license# <u>5888 12B79435</u>	

Property Suffolk County Tax Map Number - District 0200 Section 535.00 Block 03.00 Lot(s) 008.003

Property Owner Name Lauren + Joseph Coffey Phone 631 471 4047 eMail _____

Property Owner Current Address: 82 Holbrook Rd Centereach Zip 11720

Authorized Agent/Attorney Name _____ Phone _____ eMail _____

Authorized Agent/Attorney Address _____

Property located at No. 82 N.S.E.W. side Holbrook Rd. Distance corner

N.S.E.W. of Wolf Hollow Rd Town Centereach NY

Description/ Request/Use/Size of proposed work Continuation of work on
P#03B/7189 for existing outside cellar entrance
4' x 9', 14.4' x 15.4' att'd wood deck, add.
to 2nd sty 4' x 12' (making 2nd sty. deck 12' x 12'
above ground pool and att'd deck removed
(replaces P#04B/8040 6' fence to be
removed or variance applied for

Project Name (if applicable): _____

Owner Certification

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Owner Print Name Lauren Coffey Signature Lauren Coffey Date 10/31/15

OR

Agent Authorization

I hereby authorize _____ to act as my agent(s) to apply for, sign, and file the documents necessary to obtain a Building Permit / License for the project, as described above. Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.

State of New York } Owner Print Name _____ Signature _____

County of _____ } ss

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public State of New York

Print Name _____ Signature _____

Commission Number _____ Expiration Date _____

Building Division • Phone 631-451-6333 • Fax 631-451-6341

Each application must be typewritten or printed and have all information answered. Incomplete or illegible applications will not be accepted.

B_APPLICATION

Rev. 05/13

FOR BUILDING USE ONLY

Permit #

130 79435

ZONING DISTRICT

B

FLOOD ZONE

HDAC

PLANNING

HIGHWAY

SCDHS

WETLANDS

FIRE PREVENTION

TRANSITION OVERLAY

BZA

1ST FLOOR

2ND FLOOR

GARAGE

ACCESSORY

COST ESTIMATE

OCC. CLASS.

CONST. TYPE

SPRINKLERES

VIOLATIONS

OTHER

Frontage Fee

Building Fee

Permit Approved By

Plumbing Fee

Date

Total Fee

Remarks:

Remarks:

- ☒ Building Inspection
- ☐ Final Survey
- ☐ Electrical Certificate
- ☐ Suffolk County Health Department
- ☐ Fire Prevention
- ☐ Planning Board
- ☐ Highway Department
- ☐ Assessment Certificate

- ☐ Historic
- ☐ Wetlands
- ☐ Lead Affidavit / Test
- ☐ Plumbing/Gas Affidavit
- ☒ Debris Affidavit
- ☐ Steel Affidavit
- ☒ Disclosure Affidavit
- ☐ Pictures

- ☐ Energy Star
- ☐ Engineer's Certification
- ☐ Piling Certificate
- ☐ Elevation Certificate
- ☐ Elevator Certification
- ☐ LOC/CEU Pending

<input type="checkbox"/> CO#	Issued:	Approved For Certificate By:
<input type="checkbox"/> TCO#	Issued: Exp. Date:	Approved For Certificate By:
<input type="checkbox"/> CC#	Issued:	Approved For Certificate By:
<input type="checkbox"/> TCC#	Issued: Exp. Date:	Approved For Certificate By:
<input type="checkbox"/> PAAL#	Issued: Exp. Date:	Approved For Certificate By:
<input type="checkbox"/> PHRL#	Issued: Exp. Date:	Approved For Certificate By:

Remarks:

0 Inspection verifies fence. still there - Variance Req'd.

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Sent 4/16/19

P E R M I T #



Town of Brookhaven Long Island

Certification Requirements

April 16, 2014

Coffey Joseph & Coffey Lauren
c/o Lauren Coffey
82 Holbrook Rd
Centereach, NY 11720

SCTM Number: 0200535000300008003
Item Number: 6064733
Parcel Location: 82 W Holbrook Rd,
Centereach
Permit Number: 13B79435

Dear Property Owner,

Prior to the issuance of a certificate, it will be necessary to furnish this office with the following:

Survey - Final
Assessment Certificate - Call 451-6300
Debris Affidavit

Additional Remarks:

INSPECTION VERIFIED 6' FENCE REMAINS – VARIANCE REQUIRED

If you have any questions regarding the above, please contact the Building Division at 631-451-6613. Paperwork can be mailed or dropped off at the Building Division Information intake area in the lobby.

If Final Survey or Electrical Certificate are listed above, please note the requirements are as follows:

- **Final Survey** must have all structures labeled with dimensions, a Suffolk County Tax Map Number recorded on it, and be original; no photo copies will be accepted.
- **Electrical Certificate** must have rough and final inspection dates, permit number or section, block and lot and must be entered on the document by issuing company; no photo copies will be accepted.

No copies will be made in the building division. All paperwork must be submitted before permit expires to avoid renewal fee.

Building Division

One Independence Hill, Farmingville, NY 11738 · Phone 631-451-6333 · Fax 631-451-6341

**TOWN OF BROOKHAVEN
TRANSACTIONAL DISCLOSURE FORM
(Conflict of Interest Form)**

A Transactional Disclosure form is required when someone submits certain applications to Brookhaven Town. The purpose of the disclosure is to alert the Town if a party of influence has an interest in this application or if someone within the Town who will participate in the decision has an interest.

***Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name Lauren Joseph Coffey Address 82 Habbrook Rd
City Centereach State NY Zip 11720
Telephone 631 471 4047 Email _____ Fax _____

This form is for:

- ☒ An individual ☐ A partnership
☐ A corporation ☐ An association

Nature of Application:

- | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Tax Grievance for non-residential parcel | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Change of Zone |
| <input type="checkbox"/> Approval of Plat | <input type="checkbox"/> Exemption from Plat or Official Map |
| <input checked="" type="checkbox"/> License or Permit affecting real property | <input type="checkbox"/> Bidding on contract(s) |

Affected parcel (address) _____

Does any officer or employee of the Town of Brookhaven, member of an executive committee of a political party, or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? Yes ____ No ☒

If Yes, complete the appropriate section below.

If No, sign and date at end of form.

Please complete the following relevant section below:

For individual:

Interested Party:

Name _____ Address _____
City _____ State ____ Zip _____

Effective 11/1/10

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For corporation:

Interested Party:

Name _____ Address _____

City _____ State _____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded.

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

For partnership or association:

Interested Party:

Name _____ Address _____

City _____ State _____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Does the owner hold greater than five percent (5%) interest of publicly traded shares?

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

ALL APPLICANTS PLEASE FILL OUT BELOW:

Print Name Joseph Coffey Date 11/20/13

Signature Joseph Coffey

Effective 11/1/10

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Town of Brookhaven Long Island

Certification of Structures

Must be completed by the owner for: Suffolk County Tax Map Number: 0200 535 00 03 00 005.003

Item Number: 6064733 5 *Suffolk County Tax Map Number and Item Number can be found on your Tax Bill

Dear Property Owner:

Please check below all structures or improvements currently located on the property. In order to receive a Certificate of Occupancy or equivalent for the proposed work all structures and/or improvements must be certified by the Town of Brookhaven.

	Office Use Only
<input checked="" type="checkbox"/> Primary Structure (e.g. main house)	
<input type="checkbox"/> Detached Garage	
<input type="checkbox"/> Garage Conversion	
<input type="checkbox"/> Barn	
<input type="checkbox"/> Apartment	
<input type="checkbox"/> Swimming Pool/Hot Tub	
<input type="checkbox"/> Greenhouse	
<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Outside Basement Entrance	
<input type="checkbox"/> Fireplace(s)	
<input type="checkbox"/> Porches/Screened Porches	
<input type="checkbox"/> Wood Platforms/Ramps	
<input type="checkbox"/> Fence(s)	
<input type="checkbox"/> Gazebo(s) How many?	
<input type="checkbox"/> Shed(s) How many?	
<input checked="" type="checkbox"/> Deck	
<input type="checkbox"/> Addition	
<input type="checkbox"/> Modification	
<input type="checkbox"/> Other	
<input type="checkbox"/> Covenants or Restrictions such as Clearing Limits or Natural Buffers	

I do hereby certify that all statements made by me in this certification of structures are true and correct to the best of my knowledge, information and belief, further, I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for punishment in accordance with all applicable laws and statutes.

Owner Name: (Print)

Lauren Coffey

Signature:

Lauren Coffey

Physical Property Address:

82 Holbrook Rd Centereach 11720

Mailing Address, if different:

Phone Number:

631 471 4047

Email Address:

mcqti33@hotmail.com

[Click Here To Print](#)

Building Division

One Independence Hill, Farmingville, NY 11738 · Phone 631-451-6333 · Fax 631-451-6341

BD_GEN 22CERTSTR

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TOWN OF BROOKHAVEN INSPECTION REPORT

PERMIT: 13279435 PHONE: (631) 451 9172

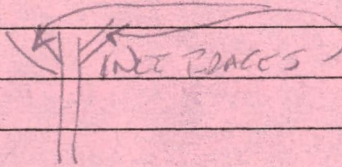
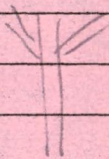
INSPECTOR: J NICHOL

DATE: 12-10-13 TYPE: FINAL

- ☐ Inspection Incomplete – Premises Inaccessible – Reschedule Appointment.
- ☒ Inspection Completed – Correct All Deficiencies – Schedule Re-inspection.
- ☐ Do Not Proceed With Construction.
- ☐ Inspection Completed – Construction Acceptable – Proceed With Construction.
- ☐ Inspection Process Completed – Construction Acceptable – Certificate Checklist Requirements to Follow in Three to Five Business Days.

DEFICIENCIES

- ADD KNEE BRACES TO 4x9s OF 2ND FLOOR DECK - IN BOTH DIRECTIONS



SIGNATURE: _____

Inspections can be scheduled by calling: (631) 451-6916 - Monday through Friday 10:00 AM - 4:30 PM.

INSPECTION CARD

Res. Inspector: JNICHOLL	Com. Inspector: GBROWN
Permit Number: 13B79435	Property Type: Residential

Permit: Permit SCTM Number: 0200535000300008003
 Issued: 11/20/2013 Item Number: 6064733
 Expires: 11/20/2014

Owner Coffey Joseph & Coffey Lauren
 c/o Lauren Coffey
 82 Holbrook Rd
 , 11720

For The Following:

Continuation of work on P#12B79435- for existing outside
 cellar entrance 4' x 9', 14.4' x 15.4' att'd wood deck, add. to 2nd
 sty. deck 4' x 12' (making 2nd sty. deck 12' x 12'), above
 ground pool and att'd deck removed (replaces P#04B18040), 6'
 fence to be removed or variance applied for

Fence still there
 per J.N.

Located At: 82 Holbrook Rd, Centereach
 0' S of Wolf Hollow Road
 Lot: 66,67

Zone 1: B Zone 2: B Flood Zone: NA

Building: \$79.77 Plumbing: Planning Frontage:

2014 / 12 / 11 AM 9:19
 TOWN OF SCOTTY
 BUILDING DIVISION

13B79435

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Building Division

One Independence Hill, Farmingville, NY 11738 Phone 631-451-6333 Fax 631-451-6341

Printed from Laserfiche on 3/25/2025 11:01:06 AM by TOBtsambucci Please RESCAN modified by: on / /

BUILDING INSPECTOR RECORD

FOOTING INSPECTION	DATE _____
Remarks _____	

FOUNDATION INSPECTION	DATE _____
Remarks _____	

UNDERGROUND PLUMBING	DATE _____
Remarks _____	

TIE DOWN/STRAPPING INSPECTION	DATE _____
Remarks _____	

ROUGH FRAMING/PLUMBING INSPECTION	DATE _____
Remarks _____	

INSULATION INSPECTION	DATE _____
Remarks _____	

FINAL BUILDING/PLUMBING INSPECTION	DATE <u>4-9-14</u>
Remarks <u>OK</u>	

I hereby certify that a final inspection indicates substantial conformity with the New York State Uniform Fire Prevention and Building Codes.

BUILDING INSPECTOR _____

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