

Town Clerk
 RECEIVED
 TOWN OF ISLIP
 JAN 23 2024
 Date Stamp Here
 TOWN CLERK'S OFFICE

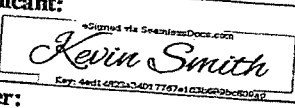


Town of
Islip

JAN 24 2024

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

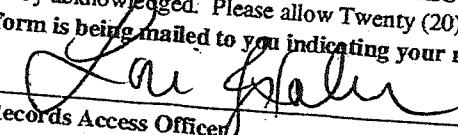
SECTION 1 - TO BE COMPLETED BY APPLICANT
 I HEREBY APPLY TO REVIEW OR HAVE COPIED THE RECORD(S) DESCRIBED BELOW:

Name of Applicant: Kevin Smith	Mailing Address of Applicant (include suite if applicable): 2605 Maitland Center Parkway, Suite C
Name of Business or Firm: Stellar Innovations	City: Maitland, State: FL Zip Code: 32751
Signature of Applicant: 	Date of Application: 01-21-2024
Telephone Number: 03022619069	Department if known:

DESCRIPTION OF RECORD SOUGHT TO INSPECT AND ANY SPECIAL INSTRUCTIONS. Please describe the record(s) sought in as specific detail as possible, with address, date or timeframe, if applicable. If we cannot determine what record(s) you seek, your application will be denied. Under the NYS FOIL Law, the Town of Islip is only required to supply **DOCUMENTS THAT ALREADY EXIST (NYS POL Article 6)**.
 Address : 185 COUNTRY Village Lane // Parcel # 05004260003000920000000
 CODE ENFORCEMENT // PERMITTING // SPECIAL ASSESSMENT
 Our firm has been requested to research the referenced property for any
 BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record on this property

FEE SCHEDULE
 Be advised that there is a statutory fee due (\$.25 per page, not in excess of 9x14) for copies. For anything else, including digital formats, cost of reproduction will be charged. Deposits may be required for voluminous requests. Copy fees are to be paid for any pages required to be redacted prior to viewing a file. FOIL requests will not be processed for any person or company who fails to pay any outstanding FOIL fees due for a prior FOIL request. Copies will be prepared unless specifically requested otherwise.

SECTION 2 - TO BE COMPLETED BY AGENCY RECORDS ACCESS (FOIL) OFFICER
 Receipt of this request is hereby acknowledged. Please allow Twenty (20) business days for processing before contacting this office. A copy of this form is being mailed to you indicating your request is being processed.

Date: 1/23/24
 Records Access Officer: 
 Application Number: M12454

Office of the Town Attorney, 655 Main Street, Islip, NY 11751 (631) 224-5550

Please note: The Public Officer's Law requires a municipality to acknowledge receipt of this FOIL request within five (5) business days.
 Having a problem submitting your FOIL: please email





PLUMBING / HVAC PERMIT
 Town of Islip Building Division
 1 Manitton Court, Islip, NY 11751
 www.islipny.gov

42600 0300 092000 K 010 - 188729
 Joseph And Joellen Deluca 06/17/2020
 185 Country Village Ln
 East Islip, NY 11730
 5 FIXT & GP TO BOIL, SUSP GAS HTR, STV (TSALIKIS)

COMPLETE THIS APPLICATION AND SUBMIT TO THE PLUMBING DEPARTMENT ALONG WITH ALL REQUIRED DOCUMENTATION LISTED ON THIS FORM. DO NOT MAIL IN THIS FORM.

The Licensed Plumber is responsible for scheduling all Plumbing Inspections.

This Permit EXPIRES 1 year from date of issuance. Three consecutive renewals permitted.

Filing Date: 6/15/20 By: [Signature]
 Zoning Approval Date: _____ By: _____
 Plans Examiner Approval Date: _____ By: _____
 Approved to Issue Date: _____ By: _____
 Issued Date: 6/17/2020 By: [Signature]
 Permit Expiration Date: 6/17/2021
 Special Conditions of Permit: _____

Subject Address: 185 COUNTRY Village Ln
 Bldg/House # _____ Street _____ Tenant / Suite # _____
EAST ISLIP NY 11730
 City _____ State _____ Zip _____
 Property Type: Commercial* Residential
 *Additional permit requirements may apply, please check with a Plans Examiner

Total Fee: \$ 425.00
 Receipt #: PR20-359413 C/O Issued: _____

PERMIT TYPE - Enter quantity of units for all that apply - see footnotes on page 3 for specific requirements.

QTY	SCOPE	QTY	SCOPE	QTY	SCOPE	QTY	SCOPE
1	Gas Test ¹ /Line Repair ¹		Reconnect Plumbing ¹²		MUA Unit Install ⁵		Lawn Sprinkler Install ¹¹
1	Boiler ^{1,9} Gas <input checked="" type="checkbox"/> Oil <input type="checkbox"/> (Wall hung: Y/N) <u>yes</u>		Gas BBQ/Fire Pit ^{1,4}		Ductwork Install ⁵		Oil Tank Abandon/Install ⁷
1	Gas Dryer ^{1,4}		Generator ^{1,3,4} Gas <input type="checkbox"/> Oil <input type="checkbox"/>		ERV Unit Install ⁵		Propane Tank Install ⁴
	Water Heater ¹ Gas <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/>		Roof Top Unit Piping ^{1,5}		Roof Top Unit Install ⁵	<input type="checkbox"/>	Change of Plumber ¹³
	Furnace ^{1,9} Gas <input type="checkbox"/> Oil <input type="checkbox"/>		Pool Heater ^{1,10} Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/>		Commercial Kitchen Hood ⁶	<input type="checkbox"/>	Other:
1	Suspended Gas Heater ¹		Gas Fireplace ^{1,2}		AC Unit Install ⁵		
1	Gas Stove ¹		Indirect Hot Water / Storage Tank ⁹		Heat P		
					Geo Th		

Is Propane Gas involved? Yes No If yes, Company Name: _____
 Is Medical Gas involved? Yes No If yes, Certification #: _____

Issuance of this Building/ Plumbing/ HVAC permit is not to be construed as permission to commence work. The below email address may be of some help to you in determining if your business is eligible to re-open.
 www.businessexpress.ny.gov/app/myforward

OTHER CEILING FIXTURES AND CFC FILED

FIXTURE QUANTITIES - Indicate the quantity of fixtures requested for this Application and whether fixtures are: NEW (N), being RELOCATED (R), or a DIRECT REPLACEMENT (D)

	Cellar/Basement			1 st Floor			2 nd Floor			3 rd Floor			Accessory Structure			
	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D	
	N	R	D	N	R	D	N	R	D	N	R	D	N	R	D	
Dishwasher																Toilet
Kitchen Sink																Urinal
Bathroom Sink																Other
Tub/Shower																Other
Washing Machine																Other

Other fixtures can include: Mop Sinks, Ejector Pumps, Floor Drains, Floor Sinks, Grease Traps, Medical Chairs, Drinking Fountains, Refreshment Stations, Hand Sinks, Bar Sinks, VAV fixtures with coil, or other fixtures involving waste or water lines.

REVIEWED
 BUILDING DEPARTMENT
 TOWN OF ISLIP

[Signature]
6/15/2020

PLACE STICKER HERE

Property Owner*: JOSEPH A. DeLuca
Full Name _____ Email _____ Phone _____

* If property purchased within 6 months of filing date, a copy of the deed, or closing papers, indicating the deed was sent Suffolk County to be recorded is required. If property owner is a corporation or LLC, legal paperwork stating the person signing the application is an authorized signator for the Corporation or LLC.

Owners Address: _____
(If different than subject address) House No / Street _____ City _____ State _____ Zip _____

Plumber: LOUIS TSALIKIS CHARGE-IT P&H
Full Name _____ Business Name _____ Email _____ Phone _____

Business Address: 22 KAREN DR SAYVILLE NY 11782
No / Street _____ City _____ State _____ Zip _____

Expeditior / Design Professional: _____
(If different than property owner) Business Name _____ Contact Name _____ Email _____ Phone _____

Business Address: _____
No / Street _____ City _____ State _____ Zip _____

I understand that the Town is relying on the information provided herein, any inaccuracy may cause delays and/or additional fees. I swear this application is a true and complete statement of all proposed work on the subject address.
By submitting this application, I acknowledge and agree that a modification or addition may be made to the Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.

PROPERTY OWNER: <u>Joseph A. DeLuca</u> PRINT NAME (REPRESENTATIVE) <u>Joseph A. DeLuca</u> SIGNATURE	SWORN TO ME THIS <u>29</u> DAY OF <u>MAY</u> , 20 <u>20</u> <u>Barbara Molinari</u> NOTARY PUBLIC	NOTARY STAMP BARBARA MOLINARI Notary Public, State of New York No. 4708974 Qualified in Suffolk County Commission Expires <u>3/30/22</u>
PLUMBER: <u>LOUIS TSALIKIS</u> PRINT NAME <u>Louis Tsalikis</u> SIGNATURE <u>1103</u> TO PLUMBERS LICENSE #	SWORN TO ME THIS <u>29</u> DAY OF <u>MAY</u> , 20 <u>20</u> <u>Barbara Molinari</u> NOTARY PUBLIC	NOTARY STAMP BARBARA MOLINARI Notary Public, State of New York No. 4708974 Qualified in Suffolk County Commission Expires <u>3/30/22</u>
EXPEDITOR/DESIGN PROFESSIONAL: PRINT NAME _____ SIGNATURE _____	SWORN TO ME THIS DAY OF _____, 20 _____ NOTARY PUBLIC	NOTARY STAMP

FOR OFFICE USE ONLY - ZONING REVIEW if applicable (comments must be entered in Permit Net)

DCR

Site Plan

Zoning Board of Appeals

Date: _____ / _____ / _____

Zoning Inspector: _____



BUILDING PERMIT
Town of Islip Building Division
1 Manitton Court, Islip, NY 11751
www.islipny.gov

42600 0300 092000 B 007 - 181832
 Joseph Deluca 04/03/2020
 185 Country Village Ln
 East Islip, NY 11730
 2nd Sty Add, C/E, Cellar Stairs & Partial Garage Co

COMPLETE THIS APPLICATION IN ITS ENTIRETY AND SUBMIT TO THE PERMITS DEPARTMENT ALONG WITH ALL REQUIRED DOCUMENTATION LISTED BELOW.

The final fee will be determined by the Permits Department. Visit islipny.gov/departments/planning-and-development/building-division-permits-section for the Fee Schedule.

Subject Address: 185 Country Village Lane
 Bldg/House # _____ Street _____ Suite _____
East Islip City NY State 11730 Zip
 Tenant Name: _____ (if applicable) Unit #: _____
 Property Type: Commercial Residential
¹Additional requirements may apply, please check with a Plans Examiner

Filing Date: 8/5/19 By: [Signature]
 Zoning Letter for Applicant: Yes No As-built Survey Required: Yes No
 Zoning Approval Date: 10/31/19 By: DB
 Plans Examiner Approval Date: 11-26-19 By: [Signature]
 Approved to Issue Date: 4-2-20 By: [Signature]
 Issued Date: 4-3-2020 By: [Signature]
 Permit Expiration Date: 4-3-2021
 Special Conditions of Permit: _____
 Filing Fee: \$ 210 Receipt #: 189-34573
 Permit Fee: \$ 487 Receipt #: _____
 C/O Issued: _____

PERMIT(S) REQUESTED (work cannot commence before permit is issued):			
Check as Applicable	Corresponding Requirements (complete items from list below)	Check as Applicable	Corresponding Requirements (complete items from list below)
<input type="checkbox"/> Main Building - New		<input type="checkbox"/> Second Story Deck ¹	1-3, 5-8
<input checked="" type="checkbox"/> Main Building - Addition	1-8	<input type="checkbox"/> Interior Alteration	1-3, 7-8
<input type="checkbox"/> Accessory Structure - New		<input type="checkbox"/> Fire Damage Repair	1-3, 5, 7-8
<input type="checkbox"/> Accessory Structure - Addition	1-3, 5-8	<input type="checkbox"/> Revision of Issued Permit ²	1-8
<input type="checkbox"/> Site Work Only: Is a generator involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	1-2, 6, 8	<input type="checkbox"/> Truss Sign ¹	Submit Sample Sign
<input type="checkbox"/> Fireplace / Wood Coal Stove	8	<input type="checkbox"/> Change of Tenant	1-3, 5-6, 8
<input type="checkbox"/> Change of Use	1-3, 5-6, 8	<input type="checkbox"/> Interior Arrangement	1-4, 8, 9 Shell Building Complete
<input type="checkbox"/> Solar Panels	Dependent on type-confer with Zoning or Bldg Plans Examiner	<input type="checkbox"/> Other - _____	
<input type="checkbox"/> Shell Building <input type="checkbox"/> Speculative		Please use the customized applications for the following permits types: Certificates of Compliance, Demolition, Elevator, Equine, 'PODS', Pools, Plumbing/HVAC, Signs (other than Truss), Temp Trailers	
<input type="checkbox"/> Vanilla/White Box	1-9		
<input type="checkbox"/> Combustible High Rack Commodity Storage	1-3, 7-8		

Permits are valid for one year with three consecutive renewals allowed, unless otherwise footnoted above:
¹ No Renewals permitted ² Expires at original permit expiration

REQUIREMENTS FOR PERMITS LISTED ABOVE:

- Size & Use of Existing Structures: _____
- Proposed Use: Residential
- Floor Area to be constructed or altered (total of all floors excluding cellars and attics): 1
- If Master Plan, identify Town issued Master Plan Number & Building Identification: _____
- Setbacks (distance new structure will be from property line after construction):
 Front Yard: _____ 2nd Front Yard: _____ Rear Yard: _____ Side Yard: _____ Other Side Yard: _____
 (corner or thru lots)
- Size of Property: _____ x _____ = _____ sf, or _____ Acres
- Height of building from average grade to ridge or roof: _____ ft. _____ in.
- Are there any Property Covenants or Conditions on the property? Yes (please attach) No
- Refer to the Procedures for Permitting Shell/Vacant Buildings (2017) document on our website.

42600 0300 092000 B 007 - 181832
 Joseph Deluca
 185 Country Village Ln
 East Islip, NY 11730
 2nd Sty Addition, Cellar Entrance & Cellar Stairs

OTHER REQUIREMENTS:

- Please be sure to check with the Permits Department for other submission requirements.
- Refer to C/O Requirements Checklist that will be supplied to you at permit issuance.

DESCRIPTION OF PROPOSED WORK:

2nd floor addition
 cellar stairs railing. ^{cellar} ENTRANCE.

FOR OFFICE USE ONLY

Description	Fee
Flat Fee or Filing Fee:	\$ 200 -
Base Fee:	\$
Square Footage Fee:	\$ 487 -
Truss Sign:	\$
Fireplace:	\$
	\$
	\$
	\$
Total Fee:	\$

Property Owner*: Joseph A. Deluca
Business Name/Homeowner

Mailing Address: 185 Country Village Lane East Islip NY 11730
(If different than Subject Address) House No / Street City State Zip

Contractor: Juan Diaz Construction Juan Diaz
(If not property owner) Business Name Contact Name City State Zip

Business Address: 718 Roanoke Ave Riverhead NY 11901
No / Street City State Zip

Design Professional:
Business Name Contact Name City State Zip

Business Address:
No / Street City State Zip

Expeditor:
(If applicable) Business Name Contact Name City State Zip

Business Address:
No / Street City State Zip

* If property was purchased within the last 6 months, a copy of the deed, or closing papers indicating the deed was sent to Suffolk County to be recorded is required. If property owner is a corporation or LLC, legal paperwork stating the person signing the application is an authorized signator for the Corporation or LLC is required.

I understand that before a building permit can be issued, adjoining street must meet minimum Town standards or be bonded for same and that a Certificate of Occupancy for work done under this permit will not be issued until road damage caused during construction is repaired or bonded for same. This permit issuance expressly implies approval by the landowner of inspections required of the premises. I understand that the Town is relying on the information provided herein, any inaccuracy may cause delay or additional fees. I swear that this application is a true and complete statement of all proposed work on the described premises, that I have in effect all required insurance, including workers compensation insurance, and that I presently possess a valid Suffolk County home improvement license, if applicable (not required for new home construction). By submitting this application, I acknowledge and agree that a modification or addition may be made to the Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.

PROPERTY OWNER: PRINT NAME: <u>Joseph A. Deluca</u> SIGNATURE: <u>[Signature]</u>	SWORN TO ME THIS DAY OF <u>August</u> , 20 <u>19</u> NOTARY PUBLIC: <u>[Signature]</u>	NOTARY STAMP Elizabeth J. [Signature] Notary Public No. 01CA5175717 Suffolk County, NY My commission Expires <u>2/1/2019</u>
CONTRACTOR: PRINT NAME: <u>Juan Diaz</u> SIGNATURE: <u>[Signature]</u> <small>COUNTY HOME IMPROVEMENT LIC. #</small>	SWORN TO ME THIS DAY OF <u>August</u> , 20 <u>19</u> NOTARY PUBLIC: <u>[Signature]</u>	NOTARY STAMP MICHAEL PATRICK HARRINGTON Notary Public, State of New York No. 01HA6298386 Qualified in Suffolk County Commission Expires March 24, 20 <u>22</u>
EXPEDITOR/DESIGN PROFESSIONAL: PRINT NAME: _____ SIGNATURE: _____ <small>NOTARY PUBLIC</small>	SWORN TO ME THIS DAY OF _____, 20 ____	NOTARY STAMP



COMPLIANCE PERMIT - RESIDENTIAL
Town of Islip Building Division
1 Manitton Court, Islip, NY 11751
www.islipny.gov

42600 0300 092000 L 006 - 181827
 Joseph Deluca 12/04/2019
 185 Country Village Ln
 East Islip, NY 11730
 Cellar Conversion w 2 PC Bathroom

R STRUCTURES 4 YEARS & OLDER ONLY
 RESIDENTIAL PERMIT

COMPLETE THIS APPLICATION AND SUBMIT TO THE PERMITS DEPARTMENT ALONG WITH ALL REQUIRED DOCUMENTATION LISTED BELOW

This Permit EXPIRES 1 year from date of issuance.
 NO RENEWALS ALLOWED.

Subject Address: 185 Country Village Lane
 Bldg/House # Street Suite
East Islip NY 11730
 City State Zip

Filing Date: 8/5/19 By: [Signature]
 Zoning Letter for Applicant: Yes No
 Zoning Approval Date: 08/12/19 By: DB
 Plans Examiner Approval Date: N/A By: N/A
 Approved to Issue Date: 12-4-19 By: FW
 Issued Date: 12-4-20 By: FW
 Permit Expiration Date: 12-4-20
 Special Conditions of Permit: not to be used
as permanent habitable space, no
sleeping or cooking.
 Total Fee: \$1345
 Receipt #: PA19-3514B C/O Issued:
200-PR19-347-33

Property Owner*: Joseph A. Deluca [Redacted] [Redacted]
 Full Name Email Phone

Owners Address: 185 Country Village Lane East Islip NY 11730
 (if different from above) House No / Street City State Zip

Expeditor / Applicant:
 (if different from property owner) Business Name Email Phone

Business Address:
 House No / Street City State Zip

* If property was purchased within the last 6 months, a copy of the deed, or closing papers indicating the deed was sent to Suffolk County to be recorded is required. If property owner is a corporation or LLC, legal paperwork stating the person signing the application is an authorized signator for the Corporation or LLC is required.

A Certificate of Compliance Permit is required for structures built over 4 years ago (a) without the benefit of a permit, (b) when a permit has exceeded its maximum renewals, or (c) for accessory apartments built without a permit, regardless of age.

PLEASE COMPLETE ALL SECTIONS BELOW - BE AS DETAILED AS POSSIBLE

Size dimensions or s.f. of improvement only	Floor 1 st , 2 nd , basement	Un-permitted Improvement - List each improvement separately i.e. Main Dwelling, Addition, Interior Alteration (describe alteration. i.e. garage to bedroom), Pool (above ground or in-ground), Solar Panels, Plumbing, Accessory Structure (i.e. Shed, Deck, Pool House, Detached Garage), Stove/Fireplace, Accessory Apartment, 2 Family - Family Use, Cellar Entrance/Alteration/Egress Windows, Handicapped Ramps, Skylights over 15" wide, Retaining Walls, Ponds, Garage Conversion,	Year Built
779 sq ft		Cellar conversion w 2 pc Bathroom	

42600 0300 092000 L 006 - 181827
 Joseph Deluca
 185 Country Village Ln
 East Islip, NY 11730
 Cellar Conversion w 2 PC Bathroom

REQUIRED DOCUMENTATION:

- Survey:** All surveys must have been prepared by a licensed surveyor, be scalable, and must accurately depict all existing structures on the property. Structures cannot be hand drawn on the survey.
- Application Fee:** Please visit <http://islipny.gov/departments/planning-and-development/building-division-permits-section> for our current fee schedule. The final fee will be determined based on actual site conditions from the Towns inspections.
- Floor Plans:** If this application is for an interior alteration or addition, floor plans must be provided for the entire structure. Floor plans may be hand-drawn, but requirements below must be met (see Fig 2.1 Plan Example):

- Indicate name of various spaces (e.g. kitchen, bath, dining, etc.)
- Draw windows and doors
- Give interior & exterior dimensions
- Draw stairs, ramps, and/or elevators

Note: If it is determined that a New York State Variance is required, professionally drawn plans may be required.

- Other:** I understand that this application may require review/approval from different departments and/or outside agencies.

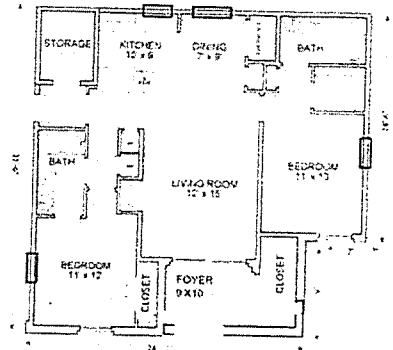


Fig 2.1

I understand that the Town is relying on the information provided herein, any inaccuracy may cause delays and/or additional fees. I swear this application is a true and complete statement of all work on the desired premises. This permit issuance expressly implies approval by the landowner of inspections required of the premises. By submitting this application, I acknowledge and agree that a modification or addition may be made to the Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.

PROPERTY OWNER: PRINT NAME: <u>Joseph A Deluca</u> SIGNATURE: <u>[Signature]</u>	SWORN TO ME THIS DAY OF <u>August</u> , 20 <u>19</u> NOTARY PUBLIC: <u>[Signature]</u>	NOTARY STAMP Elizabeth J Capone Notary Public NO. 01CA6179717 Suffolk County, NY My commission Expires <u>2/24/20</u>
CONTRACTOR (if applicable): PRINT NAME: _____ SIGNATURE: _____	SWORN TO ME THIS DAY OF _____, 20____ COUNTY HOME IMPROVEMENT LIC. # _____ NOTARY PUBLIC _____	NOTARY STAMP
EXPEDITOR/DESIGN PROFESSIONAL: PRINT NAME: _____ SIGNATURE: _____	SWORN TO ME THIS DAY OF _____, 20____ NOTARY PUBLIC: _____	NOTARY STAMP

FOR OFFICE USE ONLY:		
Description	Square Footage	Fee
Cellar Conversion	779 sq ft	\$ 545-
Base		\$ 400-
PIBq Base		\$ 300
Exp Bathroom		\$ 100
		\$
		\$
TOTAL FEE:		\$ 1345-



BUILDING PERMIT
Town of Islip Building Division
1 Manitton Court, Islip, NY 11751
www.islipny.gov

42600 0300 092000 TR 008 - 181835
 Joseph Deluca 04/03/2020
 185 Country Village Ln
 East Islip, NY 11730
 Truss Sign

COMPLETE THIS APPLICATION IN ITS ENTIRETY AND SUBMIT TO THE PERMITS DEPARTMENT ALONG WITH ALL REQUIRED DOCUMENTATION LISTED BELOW.

The final fee will be determined by the Permits Department. Visit islipny.gov/departments/planning-and-development/building-division-permits-section for the Fee Schedule.

Subject Address: 185 Country Village Lane
 Bldg/House # _____ Street _____ Suite _____
EAST ISLIP N.Y. 11730
 City _____ State _____ Zip _____

Tenant Name: _____ **Unit #:** _____
 (if applicable)

Property Type: Commercial¹ Residential

¹Additional requirements may apply, please check with a Plans Examiner

Filing Date: 8/5/19 By: [Signature]

Zoning Letter for Applicant: Yes No As-built Survey Required: Yes No

Zoning Approval Date: _____ By: _____

Plans Examiner Approval Date: 11-15-19 By: DMP

Approved to Issue Date: 4-2-20 By: [Signature]

Issued Date: 4-3-2020 By: FEW

Permit Expiration Date: 4-3-2021

Special Conditions of Permit: _____

Filing Fee: _____ Receipt #: _____

Permit Fee: \$ 50- Receipt #: 1219-345734

Total Fee: \$ _____ C/O Issued: _____

PERMIT(S) REQUESTED (work cannot commence before permit is issued):

Check as Applicable	Corresponding Requirements (complete items from list below)	Check as Applicable	Corresponding Requirements (complete items from list below)
<input type="checkbox"/> Main Building - New	1-8	<input type="checkbox"/> Second Story Deck ¹	1-3, 5-8
<input type="checkbox"/> Main Building - Addition		<input type="checkbox"/> Interior Alteration	1-3, 7-8
<input type="checkbox"/> Accessory Structure - New	1-3, 5-8	<input type="checkbox"/> Fire Damage Repair	1-3, 5, 7-8
<input type="checkbox"/> Accessory Structure - Addition		<input type="checkbox"/> Revision of Issued Permit ²	1-8
<input type="checkbox"/> Site Work Only: Is a generator involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	1-2, 6, 8	<input checked="" type="checkbox"/> Truss Sign ¹	Submit Sample Sign
<input type="checkbox"/> Fireplace / Wood Coal Stove	8	<input type="checkbox"/> Change of Tenant	1-3, 5-6, 8
<input type="checkbox"/> Change of Use	1-3, 5-6, 8	<input type="checkbox"/> Interior Arrangement	1-4, 8, 9 Shell Building Complete
<input type="checkbox"/> Solar Panels	Dependent on type-confer with Zoning or Bldg Plans Examiner	<input type="checkbox"/> Other - _____	Please use the customized applications for the following permits types: Certificates of Compliance, Demolition, Elevator, Equine, PODS ² , Pools, Plumbing/HVAC, Signs (other than Truss), Temp Trailers
<input type="checkbox"/> Shell Building <input type="checkbox"/> Speculative <input type="checkbox"/> Vanilla/White Box	1-9		
<input type="checkbox"/> Combustible High Rack Commodity Storage	1-3, 7-8		

Permits are valid for one year with three consecutive renewals allowed, unless otherwise footnoted above:
¹ No Renewals permitted ² Expires at original permit expiration

REQUIREMENTS FOR PERMITS LISTED ABOVE:

- Size & Use of Existing Structures: _____
- Proposed Use: _____
- Floor Area to be constructed or altered (total of all floors excluding cellars and attics): _____
- If Master Plan, identify Town issued Master Plan Number & Building Identification: _____
- Setbacks (distance new structure will be from property line after construction):
 Front Yard: _____ 2nd Front Yard: _____ Rear Yard: _____ Side Yard: _____ Other Side Yard: _____
 (corner or thru lots)
- Size of Property: _____ x _____ = _____ sf, or _____ Acres
- Height of building from average grade to ridge or roof: _____ ft. _____ in.
- Are there any Property Covenants or Conditions on the property? Yes (please attach) No
- Refer to the Procedures for Permitting Shell/Vacant Buildings (2017) document on our website.

TOWN OF TELL
SUTTER COUNTY, NEW YORK
APPLICATION FOR ZONING PERMIT

BUILDING PERMIT

BUILDING DEPARTMENT
TOWN OF TELL

APPROVED FOR
BY THE ZONING BOARD
ON _____
AT _____
ZONING DISTRICT _____

A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK.

This application is to be submitted in TRIPPLICATE. ANSWER ALL OF THE FOLLOWING. The undersigned hereby applies for a permit to do the following work which will be done in accordance with the zoning specifications submitted, and such special conditions as may be indicated on the permit. The owner of this property is:

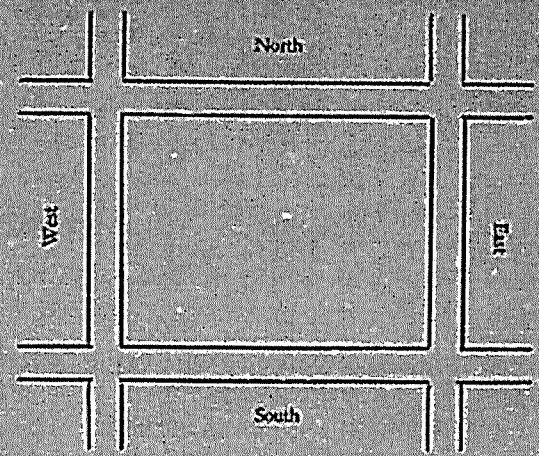
Alexander Hans & Sons **45 N. Station Plaza, Great Neck, N. Y.**
(Name) (P. O. Address)

1. Lot No. 29 Block No. _____ Map No. _____ Estimated value of proposed work \$ 11,500.
- 1A. Number of plots under same ownership? _____
2. Name of Village Great Neck
3. Name of Street Country Village Lane Side of Street: north east south west
4. Nearest Cross Street Maynard Lane Distance from this cross street 100.45 ft.
5. Property is north south east west from Cross Street
If on Corner, which corner, northeast northwest southeast southwest
Designate by marking with an "X" in the correct space.

6. NATURE OF PROPOSED WORK
- Construction of a new building.
- Addition to a building.
- Alteration to a building.
- Installation of plumbing. Describe _____
- Other work. Describe: _____
7. OCCUPANCY
- Main Building
- One-family dwelling
- Two-family dwelling
- Store building
- 1- or attached garage
- Other: _____

ZONING SPECIFICATIONS. Fill in for new building, or addition to existing building, or a change of occupancy.

INDICATE NET MEASUREMENTS ON PLOT PLAN BELOW



Indicate on the plot plan street names, the location and size of the property, the location, size and setbacks of proposed buildings, and the location of all existing buildings. Show proposed building(s) in dotted line and existing building(s) in solid line.

8. Size of property 78 ft. x 145.35 ft.
Size and use of existing buildings, if any: _____
9. Ground floor area 1021 + 210 GAR Sq. ft.
10. Height (from grade to ridge) 16+/- ft.
11. Front yard setback 40' 8" ft.
12. Side yards: N _____ ft. and S _____ ft.
W 16 ft. E 19+/- ft.
13. Rear yard 72+/- ft.
14. If on corner, setback from side street _____ ft.
15. What is the average setback of existing buildings on street? _____ ft.
- NOTE: All distances are net, as measured from property line to nearest part of building.

16. Has work been started? Yes No
17. Date July 28 1951, 19__
18. What work has been done? _____

Remarks: _____
NOTE: IF THIS APPLICATION IS FOR THE MAIN BUILDING ON PREMISES, RECORDED DEED MUST BE EXHIBITED.

Signature Stephen Miss
Owner, Alexander, Contractor

185 Country Village Ln. E. Valley

(continued)

**TOWN OF ISLIP
SUFFOLK COUNTY, NEW YORK
APPLICATION FOR BUILDING PERMIT**

This permit when issued is subject to all Federal Regulations and the New York State Building Code Requirements in effect at the date of issuance.

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

This application is to be submitted in TRIPPLICATE. ANSWER ALL OF THE FOLLOWING. The undersigned hereby applies for a permit to do the following work which will be done in accordance with the description, plans, building specifications submitted, and such special conditions as may be indicated on the permit. **FLOOR PLANS MUST BE SUBMITTED. BUILDING SPECIFICATIONS.** Fill in only for new MAIN building or addition or alteration to existing MAIN building.

19. Kind of construction: Wood (frame, cement block) wood frame

20. Will any second-hand lumber be used? NO If so, for what? _____

21. Material of foundation walls brick & tile

21a. What size footing? 12" x 12" Thickness 12" x 10"

22. Depth of foundation walls below grade 3'0" min Continuous foundation? yes

23. Will there be a cellar? yes If so, material of cellar floor concrete

24. Type of roof: Sloped or flat? sloped Material of roof asph. shing.

25. Size, wood studs _____ spacing _____

26. Size, floor beams, 1st floor _____ o.c. length _____ ft

27. Size, floor beams, 2nd floor _____ spacing _____ o.c. span _____ ft

28. Size, ceiling beams _____ spacing _____ o.c. span _____ ft

29. Size, roof rafters or beams _____ spacing _____ o.c. span _____ ft

30. Minimum size of main girder _____ spacing _____ o.c. span _____ ft

31. Exterior finish brick ven. & exp. If masonry, thickness _____

32. Is building to be sheathed? yes With what material? wood or exp.

33. Finish of interior walls drywall

34. Will the inside stairs all be provided with rails? yes

35. If the porches are more than 18" from the ground, will they be provided with rails and a rail on at least one side of the steps? yes

36. Will the front and rear porches extend at least 2' from the face of the building? _____

37. If garage is to be attached, of what material is wall between garage and main building to be constructed? wood

38. Is there to be an opening between garage and cellar? NO

39. Kind of heating system: Coal Hot Water Steam Oil burner Gas burner

40. Will a flue-lined chimney be provided? yes Depth of chimney foundation below grade 3'0" min

41. Height of chimney above roof _____

42. Will there be a fireplace? NO Depth of fireplace hearth _____

43. Will a toilet be installed? yes

44. Will a kitchen sink be installed and connected to water supply? yes

45. Water supply (public water supply or pump) public

46. Distance of cesspool from any private well _____ feet

47. Will drainage system be provided with reduced traps, cleanouts and vents? yes

48. Name of Builder Alexander Boss & Sons Address 10 N. Station Plaza, Great Neck, NY

49. Name of Plumber Local Address _____

50. Name of Oil Burner Contractor Local Address _____

51. Number of Electric Outlets _____

Town of Islip
County of Suffolk
State of New York

AFFIDAVIT

I swear that the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner. (Certificate from New York Board of Fire Underwriters to be submitted to Bldg. Dept. before Certificate of Occupancy is issued).

Sworn to before me this

JUL 28 1958

Clean King
Notary Public, Suffolk County, N. Y.

Signature

[Signature]
Notary Public

SPECIAL CONDITIONS OF THE PERMIT:

Subject to stipulation in letter dated 8/20/58 regarding installation of fire hydrants. No 2nd inspection until water contract signed.

[Signature]
Building Inspector

PERMIT APPLICATION

TOWN OF ISLIP BUILDING DIVISION
1 Madison Court, Islip, New York 11751

FOR OFFICE USE ONLY

- PERMITS REQUESTED (check one or more)
 Numbers refer to questions on right.
- Building Permit (must be issued before work starts)
 - Commercial Industrial Residential
 - Main Building Addition 1-4, 6, 8-10, 12
 - Driveway Apron 3, 9, 11, 12
 - Accessory Building Addition 1-4, 6, 8-10, 12
 - Interior Alteration 1-4, 6-10, 12
 - Interior Arrangement 1-4, 6, 8-10, 12
 - Fire Damage Repair 1-4, 6, 8-10, 12
 - Fireplace/Wood Coal Stove 3, 9, 10, 12
 - Deck/Patio In-ground Above 1-8, 9, 10, 12
 - 4 Foot Safety Fence Required
 - Change of Use or Occupancy 1-4, 6, 7, 9, 10, 12
 - Demolition (valid only 4 months) 1-2, 6, 12
 - Parking Lot Installation Only 1-3, 7, 9, 10, 12
 - Public Assembly 1, 4, 9, 10
 - Rental 1-4m. 5-4m. Multiple 1, 2, 9, 10
 - Revision of Issued Permit 1-8, 10, 12
 - Scope of Construction 1-3, 6, 7, 9, 10
 - Underground Tank Installation 1-2, 6, 7, 9, 10
 - Land Clearing (5 ac. or more) 1-3, 7, 9, 10
 - Other:

426-3-92

Address: 185 Country Village Ln
 East Islip, NY 11730

Permit # [Redacted]

Zone: A

APPROVED TO ISSUE

SPECIAL CONDITIONS OF PERMIT: MAINTAIN 7' MIN. OF REAR AND SIDE YARDS. SCHED. NEED.

FLOOR AREA to be constructed or altered: [Blank] Total square feet

Basement Finished: [Blank] Unfinished: [Blank] Porch: [Blank]

Proposed Main Structure: [Blank] Accessory Structure: [Blank]

DATE FILED: 5/10/99 DATE ISSUED: 5/10/99

By: [Signature] Expires: 5/10/01

A permit shall expire one (1) year after the date of issuance. Upon payment of the proper fee, a permit may be renewed, but not more than three (3) year extensions may be granted.

PROPERTY OWNER TO: [Redacted]

Name: JOSEPH A. DELUCA

Address: 185 COUNTRY VILLAGE LANE
EAST ISLIP, NY 11730

TENANT TO: [Blank]

Name: [Blank]

Address: [Blank]

CONTRACTOR TO: [Blank]

Name: [Blank]

Address: [Blank]

BOARD OF APPEALS:

42600 0300 092000 J 001

DELUCA, JOSEPH 05/10/99
 185 COUNTRY VILLAGE LA. 11730
 EAST ISLIP
 A/G SWIMMING POOL

- Answer to item or items (see questions numbered next to items of PERMITS REQUESTED):
1. SIZE & USE of existing structure: 43x20 HOME
 2. PROPOSED USE: RECONSTRUCT SWIMMING POOL
 3. DESCRIPTION OF PROPOSED WORK: INSTALL A 3'x10' ABOVE GROUND SWIMMING POOL
 4. FLOOR AREA to be constructed or altered: 180 sq. ft. Total square feet of all work including existing and new. Parking Lot Area: [Blank] sq. ft.
 5. IF MASTER PLAN, identify: [Blank]
 6. DETACHMENT: Distance from structure to be from property line (other construction (Basement Foot): [Blank] Feet
 Front Yard: [Blank] Corner Front Yard: [Blank] Rear Yard: 20'
 Side Yard: 11' Other Side Yard: [Blank]
 7. SIZE of property: 1.21x100 = [Blank] sq. ft. or [Blank] Acres
 8. HEIGHT of building from average grade to eaves: [Blank] Feet
 9. PROPERTY LOCATION: Post Office: EAST ISLIP
 Street: COUNTRY VILLAGE LANE
 Nearest cross street: MARYLAND
 Distance from Cross St. to Center of Structure: 103' Distance from corner of [Blank] St. to Center of Structure: [Blank]
 10. Are there any Property Encumbrances or Conditions of Special Permits which would affect the development of this property? NO. If yes, please attach.
 11. WIDTH of paved front-served building property: [Blank] Feet
 12. Name of Field Map: [Blank]
 Lot No. on Field Map: [Blank]

I understand that before a building permit can be issued, existing streets must meet minimum Town standards or be bonded for same and that a Certificate of Occupancy for work done under this permit will not be issued until road damage caused during construction is repaired or bonded for same. I agree that this application is a true and complete statement of all proposed work on the described premises, that I have in effect all required insurance, including workers compensation insurance, and that I presently possess a valid Suffolk County home improvement license, if applicable.

Signature of JOSEPH A. DELUCA
 Signature of PROPERTY OWNER
 Date: 5/10/99
 Notary Public

FRANCES A. ROMANO
 Notary Public - State of New York
 No. 01RO5076335
 Qualified in Suffolk County
 Commission Expires Apr. 14, 2001

Name: [Blank] Post: [Blank]
 Signature of CONTRACTOR
 County Name: [Blank]
 Improvement License #: [Blank]
 Date to expire this date: [Blank]
 City of: [Blank]
 Notary Public

PERMIT APPLICATION

TOWNS OF SUFFOLK BUILDING OFFICER
1 Main St. Dept. 125A, New York 11754

FOR OFFICE USE ONLY

PERMITTED / RECORDED (check one or more)

- Building Permit (must be issued before work starts)
- Commercial Industrial Residential
- High Building Addition 1-4, 6, 8-10, 13
- Detach. Appts. 8, 9, 11, 12
- Accessory Building Addition 1-4, 6, 8-10, 12
- Interior Alteration 1-4, 8-10, 12
- Exterior Alteration 1-4, 8, 9-10, 12
- Fire Damage Repair 1-4, 6, 8-10, 12
- Repaint/Wood Coat. Sides 8, 9, 10, 12
- Scaffolding In-ground Above 1-2, 8, 10, 12
- 4 Foot Safety Fence Required
- Change of Use or Occupancy 1-4, 6, 7, 8, 10, 12
- Demolition (with only 4 months) 1-2, 8, 12
- Parking Lot Installation Only 1-3, 7, 8, 10, 12
- Public Assembly 1, 4, 8, 10
- Porch 1-4m. 8-10m. Balcony 1, 2, 8, 10
- Repavement of Paved Porch 1-2, 10, 12
- Storage of Combustibles 1-3, 6, 7, 9, 10
- Underground Tank Installation 1-2, 8, 7, 9, 10
- Land Clearing (5 ac. job, or more) 1-2, 7, 9, 10
- Other:

436-3-92
 Address: 185 Southwell Lane Ln
 Front Office: 11754
 Project #: 02992064
 Building: _____
 Planning Lot: _____
 Precinct: _____
 Front Park: _____
 Apn: _____
 Assessor: _____
 TOTAL FEE: 20.00
 EDWARD A. Approved _____ Date _____
 APPROVED TO ISSUE _____ Date _____
 SPECIAL CONDITIONS OF PERMIT _____
 FLOOR AREA to be constructed or altered _____ total square feet
 LI _____ LI _____ GAR _____ DECK _____
 Basement Finished _____ Unfinished _____ Porch _____
 Percent of lot occupied:
 Existing Main Structure _____ % Accessory Structures _____ %
 Proposed Main Structure _____ % Accessory Structures _____ %
 DATE FILED 5/11/98 DATE ISSUED 5/11/98
 By: PE Expires 5/11/00
 A permit shall expire one (1) year after the date of issuance. Upon payment of the proper fee, a permit may be renewed, but not more than three (3) year renewals may be granted.

PROPERTY OWNER

Name: JOSEPH A. DeLuca
 Address: 185 Southwell Lane Ln
 East Islip NY 11749

TENANT Tel. _____

Name: _____
 Address: _____

CONTRACTOR Tel. _____

Name: _____
 Address: _____

BOARD OF APPEALS:

Answer, in blue or black ink, questions numbered next to type of PERMIT(s) RECEIVED.

1. SIZE & USE of existing structures _____
2. PROPOSED USE _____
3. DESCRIPTION OF PROPOSED WORK: Surface Driveway, APPROX. WIDE DRIVEWAY, VAD CARPORT, HUMPHREYS APPROX.
4. FLOOR AREA to be constructed or altered _____ total square feet of all floors including surface and attic. Parking Lot Area _____ Sq. Ft.
5. IF MASTER PLAN, identify _____
6. DISTANCE: Distance new structure to be from property line after construction:
 Front Yard _____ Other Front Yard _____ Rear Yard _____
 Side Yard _____ Other Side Yard _____
7. SIZE of property () (X) () = _____ sq. ft. or _____ Acres
8. HEIGHT of building from average grade to ridge _____ feet
9. PROPERTY LOCATION: Front Office EAST ISLIP
 Street INTERCOUNTY DRIVWAY Size of Lot: 60' x 100' x 100' x 100'
 Nearest street to: MAYNARD Distance from Corner: 20' x 20' x 20' x 20'
 Distance from corner to: 10' x 10' x 10' x 10' or corner or or or
 School District: EAST ISLIP
10. Are there any Easements or Conditions of Special Permits which would affect the development of this property? _____ If yes, please attach _____
11. WIDTH of paved (travelway) landing property: 6.4' feet
12. Name of Paved Map _____
 Lot No. on Paved Map _____

I understand that before a building permit can be issued, existing streets must meet minimum Town standards or be bonded for same and that a Certificate of Occupancy for work done under this permit will not be issued until road damage caused during construction is repaired or bonded for same. I swear that this application is a true and complete statement of all proposed work on the described premises, that I have in effect all required insurance, including workers compensation insurance, and that I expressly possess a valid Suffolk County home improvement license, if applicable.

Name: JOSEPH A. DeLuca
 Title: _____
 Signature of PROPERTY OWNER

FRANCIS A. ROMANO
 Notary Public - State of New York
 No. 01RO5076335
 Qualified in Suffolk County
 Commission Expires April 14, 2001

Name: _____
 Title: _____
 Signature of CONTRACTOR
 County Name: _____
 Improvement License # _____
 District to be used for fee: _____
 Day of _____ 19 _____
 Notary Public

Sworn to before me this 10th day of May 1998
 Signature of Notary Public

TOWN OF ISLIP BUILDING DIVISION
1 Manhattan Ct., Islip, N. Y. 11731

FOR OFFICE USE ONLY

STRUCTURES 4 YEARS & OLDER ONLY
CERTIFICATE OF COMPLIANCE FEES:
MAIN DWELLING/ADDITION \$225*
OR ALTERATION
ACCESSORY STRUCTURE UP TO 100 SQ FT \$ 50
ACCESSORY STRUCTURE OVER 100 SQ FT \$120
PLUMBING ONLY \$ 50
SOLID FUEL STOVE/FIRE PLACE \$ 50
UNROOFED DECK \$ 75
ABOVE GROUND POOL \$ 60
IN GROUND POOL \$150
MAXIMUM FEE RESIDENTIAL \$375
COMMERCIAL/INDUSTRIAL \$450
(EACH BLDG./TENANT)
**50 FOR ANY STRUCTURE BUILT PRIOR TO 1938 ADDITIONS AFTER 1938 AT NEW SCHEDULE

0300- 4426-3-92
ADDRESS 186 Country Village Ln
POST OFFICE E. Islip ZONE _____
SPECIAL CONDITIONS _____
DATE ISSUED 6/11/00 BY RS
EXPIRES 6/11/01 TOTAL FEE 50
RECEIPT # PC
C/C ISSUED 1 June 00

PROPERTY OWNER
NAME JOSEPH A. DeLuca
ADDRESS 186 COUNTRY VILLAGE LN
EAST ISLIP NY 11731

INSTRUCTIONS: SUBMIT THIS COMPLETED, NOTARIZED APPLICATION, AN EXISTING SURVEY THAT ACCURATELY DEPICTS ALL EXISTING STRUCTURES, FLOOR PLAN OF STRUCTURE (ONLY REQUIRED IF CERTIFICATE OF COMPLIANCE IS FOR MAIN DWELLING, ADDITION, ALTERATION, OR COMMERCIAL/IND.) & FEE TO PERMIT BUREAU.

ALL ANSWERS ARE TO BE PRINTED IN INK OR TYPED:

1. ALL UNDOCUMENTED STRUCTURES

PROPERTY SETBACKS

SIZE	TYPE OF STRUCTURE BUILT	AGE	FRONT	OTHER FRONT YARD (CORNER LOTS)	REAR	SIDE	OTHER SIDE
8x12	Framed Shed	1978?	133		5.1	6.1	

2. SIZE OF PROPERTY (75) X (150) = _____ SQ. FT. OR _____ ACRE

3. PROPERTY LOCATION: POST OFFICE: EAST ISLIP

S E W SIDE OF 186 COUNTRY VILLAGE LN 100 FEET N S E W OF MAYWARD

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

5. NAME OF FILED MAP (SEE SURVEY) COUNTRY VILLAGE LOT NO.: 23 MAP # 2851

NAME: JOSEPH A. DeLuca
(PRINT)

Joseph A. DeLuca
SIGNATURE OF PROPERTY OWNER

MARIE MOYETTE

Notary Public, State of New York
No 01M05047680, Suffolk County
Commission Expires August 7, 2001

SWORN TO BEFORE ME ON THIS
11th DAY OF May, 2000

Marie Moyette
NOTARY PUBLIC

1/4/00

PERMIT APPLICATION

NY DEPT OF BUILDING DIVISION
Varnton Court, Islip, NY 11730

- PERMIT(S) REQUESTED (Check one or more)
Numbers refer to questions on right
- Building Permit (must be issued before work starts)
 - Commercial Industrial Residential
 - Main Building Addition 1-4, 5, 8-10, 12
 - Driveway Apron 3, 9, 11, 12
 - Accessory Building Addition 1-4, 6-8, 12
 - Interior Alteration 1-4, 8-10, 12
 - Interior Arrangement 1-4, 5, 8-10, 12
 - Fire Damage Repair 1-4, 6, 8-10, 12
 - Fireplace/Wood Coal Stove 3, 9, 10, 12
 - Swim Pool In-ground Above 1-6, 9, 10, 12
 - 4-Foot Safety Fence Required
 - Change of Use/Occupancy 1-4, 6, 7, 9, 10, 12
 - Demolition (valid only 4 months) 1-3, 9, 12
 - Parking Lot Installation Only 1-3, 7, 9, 10, 12
 - Public Assembly 1, 4, 9, 10
 - Rental 1-fam. 2-fam. Multiple 1, 2, 9
 - Revision of issued permit 1-9, 10, 12
 - Storage of Combustibles 1-3, 6, 7, 9, 10
 - Underground Tank Installation 1-3, 6, 7, 9, 10
 - Land Clearing (5 cu. yds. or more) 1-3, 7, 9, 10
 - Other

PROPERTY OWNER

Name Johanna DeLuca
Address 185 Court by Village Ln
East Islip, NY 11730

TENANT - Tel. _____

Name _____
Address _____

CONTRACTOR - Tel. _____

Name _____
Address _____

BOARD OF APPEALS

GRANTED _____
DENIED _____

SECRETARY

I understand that before a building permit can be issued, adjoining street must meet minimum Town standards, or be bonded to same and that a Certificate of Occupancy for each date under the permit will not be issued until next damage check during construction is received or signed for same. I know that the application is a true and complete statement of all proposed work on the described premises; that I have in effect all required insurance, including workers compensation insurance; and that I presently possess a valid Suffolk County home improvement license, if applicable.

Name Johanna DeLuca
Johanna DeLuca
(Signature of Property Owner)

RUTH J. DESSART
Notary Public, State of New York
No. 4667479
Qualified in Suffolk County
Commission Expires August 18, 2006

Name _____
Signature of Commission
County Home Improvement License # _____

Sworn to before me this 15 day July 2003
Ruth Dessart
Notary Public Signature

Sworn to before me this _____ day _____ of 200
Notary Public Signature

APPROVED TO ISSUE _____ DATE 7/15/03

SPECIAL CONDITIONS OF PERMIT
OK to install plans submitted on 7/15/03
with the rest of the work on the lot

FLOOR AREA to be constructed or stored _____ sq. ft.

Basement Finished _____ Unfinished _____

Percent of Lot occupied:
Existing Main Structures _____ % Accessory Structures _____ %
Proposed Main Structures _____ % Accessory Structures _____ %

DATE FILED 7/13/03 DATE ISSUED 7/15/03
By: _____ Expires 7/15/04

A permit shall expire one (1) year after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but not more than three (3) year renewals may be granted.

Answer, in blue or black ink, questions numbered next to type of PERMIT(S) REQUESTED

1. SIZE & USE of existing structures 59'x23'9"
2. PROPOSED USE Childen camp
3. DESCRIPTION OF PROPOSED WORK Childen camp
4. FLOOR AREA to be constructed or stored _____ Total sq. feet of all floors excluding patios and also Parking Lot Area _____ sq. ft.
5. IF MASTER PLAN, identify _____
6. SETBACKS: Distances new structure to be from property line after construction (include) Front Yard _____ Other Front Yard _____ Rear Yard 5.1 Side Yard 5.5 Other Side Yard _____
7. SIZE of property 75' x 197' sq. ft. or _____ sq. ft.
8. HEIGHT of building from a grade plane to ridge _____ feet
9. PROPERTY LOCATION Post Office East Islip Post Office Street 185 Court by Village Ln Side of Street ON OS DE OW Nearest Cross Street Wagonwheel Direction from Cross St. ON OS DE OW Distance from cross st. _____ ft. if on Corner NE SE SW NW School District _____
10. Are there any Property Covenants or Condition of Special Permits which would effect the development of this property? _____ If yes, please attach _____
11. WIDTH of paved driveway(s) including property _____ feet
12. Name of Filed Map _____ Lot No. on Filed Map _____

PERMIT APPLICATION

TOWN OF SLIP BUILDING DIVISION
1 Main Street, Islip, NY 11751

- PERMIT(S) REQUESTED (Check one or more)
Numbers refer to questions on form
- Building Permit (must be placed before work starts)
 - Commercial Industrial Residential
 - Main Building Addition 1-4, 6, 8-10, 12
 - Driveway Apron 3, 9, 11, 12
 - Accessory Building Addition 1-4, 6-8, 12
 - Interior Alteration 1-4, 8-10, 12
 - Interior Arrangement 1-4, 6, 8-10, 12
 - Fire Damage Repair 1-3, 6, 8-10, 12
 - Fireplace/Wood Coal Stove 3, 9, 10, 12
 - Swim Pool In-ground Above 1-6, 9, 10, 12
 - 4 Foot Safety Fence Required
 - Change of Use/Occupancy 1-4, 5, 7, 9, 10, 12
 - Demolition (valid only 4 months) 1-3, 9, 12
 - Parking Lot Installation Only 1-3, 7, 9, 10, 12
 - Public Assembly 1, 4, 9, 10
 - Rental 1-fam. 2-fam. Multiple 1, 2, 9
 - Revision of issued permit 1-9, 10, 12
 - Storage of Combustibles 1-3, 6, 7, 9, 10
 - Underground Tank Installation 1-3, 6, 7, 9, 10
 - Land Clearing (5 cu. yds. or more) 1-3, 7, 9, 10
 - Other:

AS BUILT DRAWINGS
REQUIRED FOR ALL PERMITS

ZONING: APPROVED TO ISSUE:

SPECIAL CONDITIONS OF PERMIT: PROPERTY MUST REMAIN IN RESIDENTIAL ZONE

FLOOR AREA to be constructed or altered: Total sq. feet
 LI: UL: GAR: DECK:
 Basement Finished: Unfinished:

Percent of Lot occupied:
 Existing Main Structure: % Accessory Structures: %
 Proposed Main Structure: % Accessory Structures: %

DATE FILED: 10/11/04 DATE ISSUED: 11/10/04
 By: Expires: 11/10/05

A permit shall expire one (1) year after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but not more than three (3) years. Renewal may be granted.

PROPERTY OWNER - To

Name: Josipha Toelcon DeLuca
 Address: 1 RT COUNTRY VILLAGE LN
ENF SLIP NY 11750

Answer, in blue or black ink, questions numbered next to type of PERMIT(S) REQUESTED

TENANT - To

Name:
 Address:

CONTRACTOR - To

Name:
 Address:

BOARD OF APPEALS

GRANTED:
 DENIED:

1. SIZE & USE of existing structures
2. PROPOSED USE
3. DESCRIPTION OF PROPOSED WORK: Deck attached to pool - main project set back in rear yard
4. FLOOR AREA to be constructed or altered: Total sq. feet of all floors including balcony and attic. Parking Lot Area: sq. ft.
5. IF MASTER PLAN, identify:
6. SETBACKS: Distance new structure to be from property line after construction (corner lot)
 Front Yard: Other Front Yard: Rear Yard:
 Side Yard: 27' min Other Side Yard:
7. SIZE of property: () x () = sq. ft. = Acres
8. HEIGHT of building from average grade to ridge: Feet
9. PROPERTY LOCATION: Post Office: 11750
 Street: 185 Country Village Ln Side of Street: N S E W
 Nearest Cross Street: Direction from Cross St: N S E W
 Distance from cross st: 100' min R. R. on Corner: NE SE SW NW
 School District:
10. Are there any Property Co. and/or condition of Special Permits which would affect the development of this property? If yes, please attach.
11. WIDTH of paved driveway(s) crossing property: feet
12. Name of Filed Map:
 Lot No. on Filed Map:

SECRETARY
 I understand that before a building permit can be issued, existing work must meet minimum Town standards, or be bonded for same and file a Certificate of Occupancy for work done under the permit. I have in effect all required insurance, including workers compensation insurance, and that I presently possess a valid Suffolk County Home Improvement License, if applicable.

Name: Josipha Toelcon DeLuca
Josipha Toelcon DeLuca
 (Signature of Property Owner)

Sworn to before me this 11 day of July of 2004
Josipha Toelcon DeLuca
 Notary Public Signature

Name:

 (Signature of Contractor)
 County Home Improvement License #
 Sworn to before me this day of 200

 Notary Public Signature

JOANNE HUAL
 Notary Public, State of New York
 No. 4361210
 Qualified in Suffolk County
 Commission Expires Feb. 6, 2006

Alexis Weik
Receiver of Taxes - Town of Islip

Item Num: 002025909 Tax Map: 0500 426.00 03.00 092.000 Tax Year: 19/20
Owner Information: Bill-To Information:

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730 0000

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730 0000

Physical Address:
185 COUNTRY VILLAGE LN
EAST ISLIP 11730

Payment Information:

	Date Pd	Receipt	Method	Name of Payer (If Not Owner)
4590.81 1st	121919	121919 9901586	CHK/MAIL	[REDACTED]
		0.00 Penalty Amt () Comment:	
4590.80 2nd	052020	052020 9901532	CHK/MAIL	[REDACTED]
		() Comment:	
9181.61 Total Tax				

Exemption Information:

Amount	Exemption Name	Amount	Exemption Name
[REDACTED]	[REDACTED]		

Misc Information:

Assessed Value:	34600	Acreage:	0.260	Arrears:	N O
Land Value:	11100	Dimensions:	75XVAR	Relevy:	YES
Full Value:	321,262	Property Class:	210	Homestead:	YES
STAR Savings:	\$1,075.27	Tax Code:	200	Uniform%:	10.77
True Tax:	10256.88	Tax Rate (per 100):	27.4630	Units:	1.0

	District Description	%Chg	Exempt	Taxable	Rate	Tax Amount
SC003	T803 EAST ISLIP SCHOOL DIST.	+ .15	S	28970	19.0990	5532.98
LC003	EAST ISLIP LIBRARY DIST.	+ .18		34600	1.0760	372.30
CG01	C COUNTY GENERAL FUND			34600	.1830	63.32
CP01	CP COUNTY POLICE	+2.82		34600	3.1170	1078.48
MT01	MT NYS MANDATED MTA GENERAL			34600	.0060	2.08
MT02	MT NYS MANDATED MTA POLICE	+20.00		34600	.0060	2.08
CC01	NYS REAL PROP TAX LAW	+1.96		34600	.2080	71.97
CC02	OUT OF COUNTY TUITION	-1.33		34600	.0740	25.60
A001	A GENERAL TOWN	+4.94		34600	.8060	278.88
B001	B TOWN EXCLUDING VILLAGES	-18.42		34600	.0310	10.73
D001	D COMBINED HIGHWAY	+2.21		34600	.6000	207.60
FI07	T707 EAST ISLIP FIRE DISTRICT	+2.24		34600	1.3230	457.76
SL30	SL00 STREET LIGHTING DISTRICT			34600	.0730	25.26
SA41	SA04 EXC. AMB. OF THE ISLIPS	+11.46		34600	.3110	107.61
SW70	SW00 TOWN WATER			34600	.0350	12.11
SR062	SR62 GARBAGE DISTRICT	+ .80				492.95
SR100	SR100 FED EPA CLEAN AIR MAND.	+3.58				43.61
CS01	CS SEWER DISTRICT #3	-13.32		34600	.5140	177.84
MT03	MT NYS MANDATED MTA SEWER			34600	.0010	.35
CS02	CS02 SEWER DIST. BENEFIT FEE					35.76
RE007	SEWER ARREARS					182.34

Prepared by AD at 02:36 PM on 02/21/24.

Alexis Weik
Receiver of Taxes - Town of Islip

Item Num: 002025909 Tax Map: 0500 426.00 03.00 092.000 Tax Year: 20/21

Owner Information: [REDACTED] Bill-To Information: [REDACTED]

185 COUNTRY VILLAGE LN EAST ISLIP NY 11730 0000 185 COUNTRY VILLAGE LN EAST ISLIP NY 11730 0000

Physical Address:
185 COUNTRY VILLAGE LN
EAST ISLIP 11730

Payment Information:

	Date Pd	Receipt	Method	Name of Payer (If Not Owner)
4641.37 1st	121720	121720 9901415	CHK/MAIL	[REDACTED]
		0.00 Penalty Amt ()	Comment:	
4641.37 2nd	051821	051821 9901318	CHK/MAIL	[REDACTED]
		()	Comment:	
9282.74 Total Tax				

Exemption Information:

Amount	Exemption Name	Amount	Exemption Name
[REDACTED]	[REDACTED]		

Misc Information:

Assessed Value:	34600	Acreage:	0.260	Arrears:	N O
Land Value:	11100	Dimensions:	75XVAR	Relevy:	YES
Full Value:	321,262	Property Class:	210	Homestead:	YES
STAR Savings:	\$1,046.89	Tax Code:	200	Uniform%:	10.77
True Tax:	10329.63	Tax Rate (per 100):	27.6510	Units:	1.0

	District	Description	%Chg	Exempt	Taxable	Rate	Tax Amount
SC003	T803	EAST ISLIP SCHOOL DIST.	-.87	S	29070	18.9310	5503.24
LC003		EAST ISLIP LIBRARY DIST.	-.92		34600	1.0660	368.84
CG01	C	COUNTY GENERAL FUND	+13.16		34600	.2280	78.89
CP01	CP	COUNTY POLICE	+1.90		34600	3.3750	1167.75
CG02	C	SUFFOLK COMM COLLEGE TAX	+100.00		34600	.0170	5.88
MT01	MT	NYS MANDATED MTA GENERAL			34600	.0060	2.08
MT02	MT	NYS MANDATED MTA POLICE			34600	.0060	2.08
CC01		NYS REAL PROP TAX LAW	+57.69		34600	.3280	113.49
CC02		OUT OF COUNTY TUITION	-9.45		34600	.0670	23.18
A001	A	GENERAL TOWN	+14.51		34600	.9230	319.36
B001	B	TOWN EXCLUDING VILLAGES	+6.45		34600	.0330	11.42
D001	D	COMBINED HIGHWAY	-6.33		34600	.5620	194.45
FI07	T707	EAST ISLIP FIRE DISTRICT	+.52		34600	1.3300	460.18
SL30	SL00	STREET LIGHTING DISTRICT	-5.47		34600	.0690	23.87
SA41	SA04	EXC. AMB. OF THE ISLIPS	-.64		34600	.3090	106.91
SW70	SW00	TOWN WATER			34600	.0350	12.11
SR062	SR62	GARBAGE DISTRICT	+3.00				507.78
SR100	SR100	FED EPA CLEAN AIR MAND.	+.66				43.90
CS01	CS	SEWER DISTRICT #3	-28.98		34600	.3650	126.29
MT03	MT	NYS MANDATED MTA SEWER			34600	.0010	.35
CS02	CS02	SEWER DIST. BENEFIT FEE					35.76
RE007		SEWER ARREARS					174.93

Prepared by AD at 02:36 PM on 02/21/24.

Andy Wittman
Receiver of Taxes - Town of Islip

Item Num: 002025909 Tax Map: 0500 426.00 03.00 092.000 Tax Year: 21/22

Owner Information:

Bill-To Information:

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730 0000

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730 0000

Physical Address:
185 COUNTRY VILLAGE LN
EAST ISLIP 11730

Payment Information:

	Date Pd	Receipt	Method	Name of Payer (If Not Owner)
4824.18 1st	123021	123021 9901246	CHK/MAIL	[REDACTED]
		0.00 Penalty Amt ()	Comment:
4824.18 2nd	052322	052322 9901240	CHK/MAIL	[REDACTED]
		()	Comment:
9648.36 Total Tax				

Exemption Information:

Amount	Exemption Name	Amount	Exemption Name
5,000	[REDACTED]		

Misc Information:

Assessed Value:	34600	Acreage:	0.260	Arrears:	N O
Land Value:	11100	Dimensions:	75XVAR	Relevy:	YES
Full Value:	372,844	Property Class:	210	Homestead:	YES
STAR Savings:	\$968.35	Tax Code:	200	Uniform%:	9.28
True Tax:	10616.71	Tax Rate (per 100):	28.2930	Units:	1.0

	District Description	%Chg	Exempt	Taxable	Rate	Tax Amount
SC003 T803	EAST ISLIP SCHOOL DIST.	+2.30	S	29600	19.3670	5732.63
LC003	EAST ISLIP LIBRARY DIST.	+ .75		34600	1.0740	371.60
CG01 C	COUNTY GENERAL FUND			34600	.2610	90.31
CP01 CP	COUNTY POLICE			34600	3.4410	1190.59
CG02 C	SUFFOLK COMM COLLEGE TAX			34600	.0170	5.88
MT01 MT	NYS MANDATED MTA GENERAL			34600	.0060	2.08
MT02 MT	NYS MANDATED MTA POLICE			34600	.0060	2.08
CC01	NYS REAL PROP TAX LAW	+15.24		34600	.3780	130.79
CC02	OUT OF COUNTY TUITION			34600	.0670	23.18
A001 A	GENERAL TOWN	+ .32		34600	.9260	320.40
B001 B	TOWN EXCLUDING VILLAGES	-9.09		34600	.0300	10.38
D001 D	COMBINED HIGHWAY	-1.60		34600	.5530	191.34
FI07 T707	EAST ISLIP FIRE DISTRICT	+2.25		34600	1.3600	470.56
SL30 SL00	STREET LIGHTING DISTRICT	+1.44		34600	.0700	24.22
SA41 SA04	EXC. AMB. OF THE ISLIPS	+1.61		34600	.3140	108.64
SW70 SW00	TOWN WATER	+2.85		34600	.0360	12.46
SR062 SR62	GARBAGE DISTRICT	+9.07				553.85
SR100 SR100	FED EPA CLEAN AIR MAND.	+1.04				44.36
CS01 CS	SEWER DISTRICT #3	+5.75		34600	.3860	133.56
MT03 MT	NYS MANDATED MTA SEWER			34600	.0010	.35
CS02 CS02	SEWER DIST. BENEFIT FEE					35.76
RE007	SEWER ARREARS					193.34

Prepared by AD at 02:36 PM on 02/21/24.

Andy Wittman
Receiver of Taxes - Town of Islip

Item Num: 002025909 Tax Map: 0500 426.00 03.00 092.000 Tax Year: 22/23

Owner Information:

Bill-To Information:

[REDACTED] CA

[REDACTED]

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730 0000

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730 0000

Physical Address:
185 COUNTRY VILLAGE LN
EAST ISLIP 11730

Payment Information:

Date Pd	Receipt	Method	Name of Payer (If Not Owner)
4680.61 1st 122722	122722 9901222	CHK/MAIL	[REDACTED]
	0.00 Penalty Amt ()	Comment:	[REDACTED]
4680.61 2nd 052623	052623 9901203	CHK/MAIL	[REDACTED]
	()	Comment:	[REDACTED]
9361.22 Total Tax			

Exemption Information:

Amount	Exemption Name	Amount	Exemption Name
[REDACTED]	[REDACTED]		

Misc Information:

Assessed Value:	34600	Acreage:	0.260	Arrears:	N O
Land Value:	11100	Dimensions:	75XVAR	Relevy:	N O
Full Value:	372,844	Property Class:	210	Homestead:	YES
STAR Savings:	\$968.00	Tax Code:	200	Uniform%:	9.28
True Tax:	10329.22	Tax Rate (per 100):	28.1440	Units:	1.0

District	Description	%Chg	Exempt	Taxable	Rate	Tax Amount
SC003 T803	EAST ISLIP SCHOOL DIST.	+0.04	S	29600	19.3750	5735.75
LC003	EAST ISLIP LIBRARY DIST.	-0.83		34600	1.0650	368.49
CG01 C	COUNTY GENERAL FUND	-6.54		34600	.1530	52.94
CP01 CP	COUNTY POLICE			34600	3.3240	1150.10
CG02 C	SUFFOLK COMM COLLEGE TAX	-5.88		34600	.0160	5.54
MT01 MT	NYS MANDATED MTA GENERAL			34600	.0060	2.08
MT02 MT	NYS MANDATED MTA POLICE			34600	.0060	2.08
CC01	NYS REAL PROP TAX LAW	-15.07		34600	.3210	111.07
CC02	OUT OF COUNTY TUITION	+1.49		34600	.0680	23.53
A001 A	GENERAL TOWN	+5.07		34600	.9730	336.66
B001 B	TOWN EXCLUDING VILLAGES	+50.00		34600	.0450	15.57
D001 D	COMBINED HIGHWAY	+6.14		34600	.5870	203.10
FI07 T707	EAST ISLIP FIRE DISTRICT	+2.20		34600	1.3900	480.94
SL30 SL00	STREET LIGHTING DISTRICT	+2.85		34600	.0720	24.91
SA41 SA04	EXC. AMB. OF THE ISLIPS	+3.50		34600	.3250	112.45
SW70 SW00	TOWN WATER	-5.55		34600	.0340	11.76
SR062 SR62	GARBAGE DISTRICT	-4.59				528.42
SR100 SR100	FED EPA CLEAN AIR MAND.	-38.68				27.20
CS01 CS	SEWER DISTRICT #3	-.77		34600	.3830	132.52
MT03 MT	NYS MANDATED MTA SEWER			34600	.0010	.35
CS02 CS02	SEWER DIST. BENEFIT FEE					35.76

Prepared by AD at 02:36 PM on 02/21/24.

STATEMENT OF TAXES

DECEMBER 1, 2023 thru NOVEMBER 30, 2024 TAX LEVY
TOWN OF ISLIP, SUFFOLK COUNTY, NEW YORK
TAXABLE STATUS DATE MARCH 1, 2023

ITEM NUMBER



2025909

MAKE FUNDS PAYABLE TO:

Andy Wittman
RECEIVER OF TAXES
40 NASSAU AVE., ISLIP, NEW YORK 11751-3645

OFFICE PAYMENT HOURS
MON. TO FRI. 8:30 A.M. TO 4:30 P.M.
PHONE 631-224-5580

IF PROPERTY HAS BEEN SOLD OR
TRANSFERRED AFTER MARCH 1, 2023
PLEASE FORWARD THIS STATEMENT TO
THE NEW OWNER OR RETURN TO THIS OFFICE
SCHOOL: (631) 224-2000

OWNER AS OF TAXABLE STATUS DATE MARCH 1, 2023

ESTIMATED STATE AID
COUNTY 349,275,904
TOWN 12,088,759
SCHOOL 41,313,335

IMPORTANT: FOR SCHOOL INQUIRIES CALL:

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730

Tax Map Number Physical Address Acreage Swis Code Designation NYS School Code Bank & Mort. No.	0500 426.00 03.00 092.000 185 COUNTRY VILLAGE LN EAST ISLIP 11730 0.26 472889 HOMESTEAD 161	Property Type 210 Tax Code 200 Roll Section 1	Exemption Codes & Values
Land Assessment Total Assessment Uniform % of Value Full Value as of July 1, 2022 True Tax	11,100 34,600 8.28 417,874 10,784.94		

TAXING DISTRICT	Levy %	Exempt Code	Taxable Value	Tax Rate Per \$100	% Change from Prior Year	TAX AMOUNT
EAST ISLIP SCHOOL DIST.	60.3	S	30,150	19.8130	2.2%	5,973.62
EAST ISLIP LIBRARY DIST.	3.8		34,600	1.0740	0.8%	371.60
COUNTY GENERAL FUND	0.4		34,600	0.1080	0.0%	37.37
COUNTY POLICE	11.5		34,600	3.2900	0.0%	1,138.34
SUFFOLK COMM COLLEGE TAX	0.1		34,600	0.0160	0.0%	5.54
GENERAL TOWN	3.5		34,600	0.9930	2.0%	343.58
TOWN EXCLUDING VILLAGES	0.2		34,600	0.0520	15.5%	17.99
COMBINED HIGHWAY	2.1		34,600	0.5950	1.3%	205.87
NYS REAL PROP TAX LAW	0.6		34,600	0.1640	-48.9%	56.74
OUT OF COUNTY TUITION	0.1		34,600	0.0400	-41.1%	13.84
EAST ISLIP FIRE DISTRICT	5.0		34,600	1.4220	2.3%	492.01
STREET LIGHTING DISTRICT	0.3		34,600	0.0740	2.7%	25.60
EXC. AMB. OF THE ISLIPS	1.2		34,600	0.3280	0.9%	113.49
TOWN WATER	0.1		34,600	0.0350	2.9%	12.11
GARBAGE DISTRICT	5.3		34,600	0.0350	-0.8%	524.16
FED EPA CLEAN AIR MAND.	0.3		34,600	0.0350	3.4%	28.14
SEWER DISTRICT #3	1.2		34,600	0.3550	-7.3%	122.83
SEWER DIST. BENEFIT FEE	0.4		34,600	0.3550	0.0%	35.76
SEWER ARREARS	3.8		34,600	0.3550	0.0%	380.16
NEW YORK STATE MTA TAX						4.51

IRST HALF 4,951.63 SECOND HALF 4,951.63 TOTAL TAX 9,903.26

---DUPLICATE TAX BILL---DUPLICATE TAX BILL --- DUPLICATE TAX BILL

Note: This year's STAR tax savings cannot exceed last year's.

SECOND HALF PAYMENT

SECOND HALF TAXES
DUE MAY 31, 2024

MAKE FUNDS PAYABLE TO:

Andy Wittman
RECEIVER OF TAXES

When paying by mail, detach and return this stub with payment of the second half tax. If paying TOTAL TAX, return both first and second half stubs with payment. When paying in person, detach proper stub.

Check here if receipt requested.

2 2025909



SECOND HALF TAX 4,951.63

Daytime Phone# _____

ONLINE TAX PAYMENTS: tax.Islipny.gov

FIRST HALF PAYMENT

FIRST HALF TAXES
TAX PAYABLE WITHOUT PENALTY TO JANUARY 10, 2024

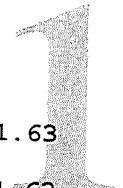
MAKE FUNDS PAYABLE TO:

Andy Wittman
RECEIVER OF TAXES

When paying by mail, detach and return this stub with payment of the first half tax. If paying TOTAL TAX, return both first and second half stubs with payment. When paying in person, detach proper stub.

Check here if receipt requested.

9901008 122623 002025909 TAX 4951.63



PAID BY: _____ PAID 4951.63

Daytime Phone# _____

ONLINE TAX PAYMENTS: tax.Islipnv.gov

Alexis Weik
Receiver of Taxes - Town of Islip

Item Num: 002025909 Tax Map: 0500 426.00 03.00 092.000 Tax Year: 19/20
Owner Information: Bill-To Information:

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730 0000

185 COUNTRY VILLAGE LN
EAST ISLIP NY 11730 0000

Physical Address:
185 COUNTRY VILLAGE LN
EAST ISLIP 11730

Payment Information:

	Date Pd	Receipt	Method	Name of Payer (If Not Owner)
4590.81 1st	121919	121919 9901586	CHK/MAIL	[REDACTED]
		0.00 Penalty Amt ()	Comment:
4590.80 2nd	052020	052020 9901532	CHK/MAIL	[REDACTED]
		()	Comment:
9181.61 Total Tax				

Exemption Information:

Amount	Exemption Name	Amount	Exemption Name
5,630 S	STAR-BASIC		

Misc Information:

Assessed Value:	34600	Acreage:	0.260	Arrears:	N O
Land Value:	11100	Dimensions:	75XVAR	Relevy:	YES
Full Value:	321,262	Property Class:	210	Homestead:	YES
STAR Savings:	\$1,075.27	Tax Code:	200	Uniform%:	10.77
True Tax:	10256.88	Tax Rate (per 100):	27.4630	Units:	1.0

	District	Description	%Chg	Exempt	Taxable	Rate	Tax Amount
SC003	T803	EAST ISLIP SCHOOL DIST.	+ .15	S	28970	19.0990	5532.98
LC003		EAST ISLIP LIBRARY DIST.	+ .18		34600	1.0760	372.30
CG01	C	COUNTY GENERAL FUND			34600	.1830	63.32
CP01	CP	COUNTY POLICE	+2.82		34600	3.1170	1078.48
MT01	MT	NYS MANDATED MTA GENERAL			34600	.0060	2.08
MT02	MT	NYS MANDATED MTA POLICE	+20.00		34600	.0060	2.08
CC01		NYS REAL PROP TAX LAW	+1.96		34600	.2080	71.97
CC02		OUT OF COUNTY TUITION	-1.33		34600	.0740	25.60
A001	A	GENERAL TOWN	+4.94		34600	.8060	278.88
B001	B	TOWN EXCLUDING VILLAGES	-18.42		34600	.0310	10.73
D001	D	COMBINED HIGHWAY	+2.21		34600	.6000	207.60
FI07	T707	EAST ISLIP FIRE DISTRICT	+2.24		34600	1.3230	457.76
SL30	SL00	STREET LIGHTING DISTRICT			34600	.0730	25.26
SA41	SA04	EXC. AMB. OF THE ISLIPS	+11.46		34600	.3110	107.61
SW70	SW00	TOWN WATER			34600	.0350	12.11
SR062	SR62	GARBAGE DISTRICT	+ .80				492.95
SR100	SR100	FED EPA CLEAN AIR MAND.	+3.58				43.61
CS01	CS	SEWER DISTRICT #3	-13.32		34600	.5140	177.84
MT03	MT	NYS MANDATED MTA SEWER			34600	.0010	.35
CS02	CS02	SEWER DIST. BENEFIT FEE					35.76
RE007		SEWER ARREARS					182.34

Prepared by MM at 03:05 PM on 02/14/24.