

TOWN OF SMITHTOWN
Building Department

**APPLICATION FOR PERMIT TO BUILD OR INSTALL
 BUILDING – STRUCTURE – PLUMBING – HEATING – FIREPLACE –
 EXISTING STRUCTURES – DECKS – SHEDS – PORCHES – AWNINGS –
 CONVERSIONS – HOT TUBS – COMMERCIAL – NEW DWELLINGS
 SITE WORK – SPECIAL EXCEPTION – DEMOLITION**

Submit in duplicate. Each application must be typewritten or printed.
 Incomplete or illegible applications will not be accepted.

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 Workmen’s Compensation Law, Zoning Ordinance,
 Building Code and all other applicable ordinances and laws.

(To be filled in by Building Department.)

Application/Permit No. _____
 S.C.T.M. No. 0800- _____ - _____ - _____
 Receipt # _____ Permit Fee _____
 Zoning District _____ Variance # _____
 Plan Approved by _____
 Permit Issued _____ 20 _____ LWRP
 Permit Expires _____ 20 _____ DEC

A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK
 (Type or print)

Property located at No. _____ N S E W side (street) _____ Distance _____
 N S E W side (street) _____ Village _____ State of New York _____
 Map of _____ Section _____ Lot(s) _____
 Suffolk County Tax Map # 800- _____ - _____ - _____ Zoning District _____
 Owner of record on tax rolls _____ Commercial tenant _____
 Mailing Address _____ City _____ State _____ Zip _____ Tel. _____
 Architect or Engineer _____ Address _____
 Village/City _____ State _____ Zip _____ Tel. _____ Fax _____ E-Mail _____
 Contractor/Builder* _____ Address _____
 Village or City _____ State _____ Zip _____ Tel. _____ Fax _____ E-Mail _____
 Plumber* _____ Address _____
 Village or City _____ State _____ Zip _____ Tel. _____ Fax _____ E-Mail _____
 Electrician* _____ Address _____
 Village or City _____ State _____ Zip _____ Tel. _____ Fax _____ E-Mail _____
 Agent _____ Tel. _____ E-Mail _____
 *COMPANY/BUSINESS NAME _____ Electrical Inspection Agency _____

“OCCUPANCY”

- 1 Family Dwelling 2 Family Dwelling Multiple Residence Commercial Other

NATURE OF WORK

Description of Work _____

COMPLETE ALL THAT APPLIES TO THIS APPLICATION

NEW CONSTRUCTION/ADDITIONS

Basement _____ sq.ft.
 Finished basement Unfinished basement
 1st floor area _____ sq. ft.
 2nd floor area _____ sq. ft.
 Attic space (6' 8" & over) _____ sq. ft.
 Garage Area _____ proposed sq. ft.
 front entry side entry

Outside basement entrance _____
 Fireplace(s) _____ type _____
 Porch/Portico _____ sq. ft.
 Deck/Balcony _____ sq. ft. _____ height
 Shed-Accessory _____ sq. ft. _____ height
 Carport _____ sq.ft. Misc. _____ sq.ft.
 Demolition of _____ Total sq.ft. _____

Commercial-Residential Rooms/Units _____
 (total number)

INTERIOR ALTERATIONS

Basement _____ sq.ft. 1st floor area _____ sq.ft. 2nd floor area _____ sq.ft.
 Garage/Porch/Sunroom converted to living space _____ sq.ft. Other _____
 (Please circle one)

ELECTRICAL WORK YES NO

PLUMBING (residential & commercial)

FIXTURES IN *Bsmt* *1st floor* *2nd floor* *3rd floor*

Sinks				
Bath Tubs				
Showers				
Toilets				
Dishwasher				
Refrigerator w/plumbing				
Laundry Tub				
Washer				
Grease Trap				
Floor Drains				
Roof Drains				
Other				

List Number of Fixtures to left and show diagram on plans.
 Application is for a permit to do as follows.

Total No. of Fixtures _____
 Central Air Conditioning _____ HVAC units _____
 Electric _____ Gas Fired _____
Total no. of Units _____
 Pressure (gas) test/s _____
 Specify Appliance(s) _____

HEATING & COOLING

Application is for a permit to install the following heating equipment to be used to heat space, area, processing, domestic hot water, including fuel oil storage tanks.

New Conversion Replacement Installation to be – Oil Gas Electric Tank Only
 Tank installation only is burner installed? Yes No Replacement? Yes No
 Inside tank capacity _____ Gallons Type of Tank _____
 Outside tank capacity _____ Gallons

ADDITIONAL INFORMATION FOR COMMERCIAL EXTERIOR WORK

Site Plan Approval _____

Site plan Exemption Approval _____

BEGUN PRIOR BUILT PRIOR _____
(year built) Complaint # _____

Fees will be assessed for any work done prior to issuance of required permits

Permits expire after one year and may be renewed one time only

FEES (for office use only)

Base _____			
Square footage fee _____	OBE _____		
Assessment _____	Fireplace _____	Valuation _____	
Plumbing _____	Heating / AC _____		
Pressure Test _____	Certificate of Occupancy/Compliance _____		
		TOTAL _____	

AFFIDAVIT

I _____ being the _____
Print Name **Owner** (*Commercial may be Owner's Agent, Architect or Contractor*)

Swear that to the best of my knowledge and belief 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 Amended Zoning and Building Ordinance and the State Building Code and all other laws pertaining to the proposed work shall be complied with, whether specific or not, and that such work is authorized by the owner.

Signature _____
OWNER (*Commercial applications may be signed by Owner's Agent, Architect or Contractor*)

Sworn to before me this:

_____ Day of _____ 20 _____

(Notary Public, Suffolk County, New York)

