

**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  
1<sup>st</sup> floor area \_\_\_\_\_sq. ft.  
2<sup>nd</sup> 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.      1<sup>st</sup> floor area \_\_\_\_\_sq.ft.      2<sup>nd</sup> 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*    *1<sup>st</sup> floor*    *2<sup>nd</sup> floor*    *3<sup>rd</sup> 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 \_\_\_\_\_

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)*

notary stamp