



# BUILDING PERMIT APPLICATION

VILLAGE OF ISLANDIA  
1100 Old Nichols Road  
Islandia, New York 11749  
631-348-1133 FAX 631-348-7650

## FOR OFFICE USE ONLY

Tax Map # _____	
Permit # _____	Filing Fee _____
Date Issued _____	Plumbing _____
Expires _____	Total Fees _____
BY: _____ Building Inspector	

Commercial \_\_\_\_\_ Residential \_\_\_\_\_

### PROPERTY ADDRESS

PROPERTY OWNER \_\_\_\_\_  
ADDRESS (if Different) \_\_\_\_\_  
EMAIL \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Other Contact & Phone: \_\_\_\_\_

CONTRACTOR NAME \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_  
Town or County License # \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
EMAIL \_\_\_\_\_

TENANT NAME \_\_\_\_\_  
MAILING ADDRESS (if Different) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Other Contact & Phone \_\_\_\_\_  
EMAIL \_\_\_\_\_

1. Size & Use of Existing Structure \_\_\_\_\_
2. Proposed Use \_\_\_\_\_
3. Description of Proposed Work \_\_\_\_\_
4. Garage 1-Car \_\_\_\_\_ 2-Car \_\_\_\_\_
5. Total Sq Ft of Constructed/Altered Area \_\_\_\_\_
6. Size of Property ( ) X ( ) = \_\_\_\_\_ Sq Ft or \_\_\_\_\_ Acres
7. Height of Building from Average Grade to Ridge \_\_\_\_\_ Ft

### PLEASE CHECK ALL THAT APPLY (Permit Must Be Issued Before Work Starts)

<input type="checkbox"/> Building Demolition	<input type="checkbox"/> Building Addition	
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Addition to Accessory Building	
<input type="checkbox"/> Driveway Apron	<input type="checkbox"/> Parking Lot	
<input type="checkbox"/> Fire Damage Repair	<input type="checkbox"/> Land Clearing	
<input type="checkbox"/> Plumbing - # of Fixtures _____		
<input type="checkbox"/> HVAC	<input type="checkbox"/> Oil Tank Install or Abandonment	
<input type="checkbox"/> Heat	<input type="checkbox"/> Boiler	<input type="checkbox"/> Hot Water Heater
<input type="checkbox"/> Gas	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Above Ground	<input type="checkbox"/> In Ground
<input type="checkbox"/> Solar Panels		
<input type="checkbox"/> Other		

NOTE: A permit shall expire one (1) year after the date of issuance. Contractors must provide a Worker's Compensation & General Liability Insurance Certificate naming the Village of Islandia as additional insured. Plumbing Contractor must provide a copy of TOWN OF ISLIP or SUFFOLK COUNTY DEPT OF CONSUMER AFFAIRS license and a riser diagram (if necessary). **PERMIT APPLICATION must have all signatures required at time of submission. Filing fee to be included with application.**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

SIGNATURE OF PROPERTY OWNER

NOTARY PUBLIC

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

SIGNATURE OF CONTRACTOR

NOTARY PUBLIC

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

SIGNATURE OF PLUMBING CONTRACTOR

NOTARY PUBLIC