



TEMPORARY TRAILER PERMIT
Town of Islip Building Division
1 Manitton Ct., Islip, NY 11751
www.islipny.gov

PROPERTY LOCATION

Name _____
 Address _____

 Post Office _____
 School District _____
 Side of Street N S E W
 Nearest Cross Street _____
 Direction from Cross St. N S E W
 Distance from cross St. _____ ft.
 If on Corner NE SE SW NW

PROPERTY OWNER- Tel. _____
 Address _____

CONTRACTOR- Tel. _____
 Name _____
 Address _____

 H.U.D. Serial Number _____
 This I.D. plate is placed on the rear/left of the temporary trailer.

Office Use Only

4500- _____ Building _____
 Address _____ Parking Lot _____
 Post Office _____ Fireplace _____
 Receipt # _____ Front Foot _____
 Base Fee _____ Apron _____
 Recreation _____

FINAL SURVEY REQ'D FOR CO Review Eng. Insp. Fee _____
 Yes No Contr. Comm. Fee _____
 TOTAL FEE _____

ZONING _____ APPROVED _____ DATE _____
 APPROVED TO ISSUE _____ DATE _____
 SPECIAL CONDITIONS OF PERMIT _____

DATE FILED _____ DATE ISSUED _____
 By: _____ Expires _____

A Temporary Trailer permit shall expire three (3) months after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but not more than two three (3) month renewals may be granted.

Two (2) copies of survey required and copies of NYS Workers Compensation and NYS Disability Insurance Certificates. Fee of \$300.00 payable to the Town of Islip is required.

1. SIZE & USE of existing structure _____
2. PROPOSED USE _____
3. DESCRIPTION OF PROPOSED WORK _____

4. FLOOR AREA to be constructed or altered _____ Total sq. feet
 of all floors excluding cellars and attic. Parking Lot Area _____ sq. feet
5. IF MASTER PLAN, identify: _____
6. SETBACKS: Distance new structure to be from property line after construction
 (corner lots) 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. Are there any Property Covenants or Condition of Special Permits which would affect the development of this property? _____ If yes, please attach.
10. Name of Filed Map _____
 Lot No. on Filed Map _____

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. 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.
 *This permit issuance expressly implies approval by the landowner of inspections required of the premises.

NAME _____
 (PRINT)

NAME _____
 (PRINT)

 SIGNATURE OF PROPERTY OWNER

 SIGNATURE OF CONTRACTOR

Sworn to before me this ___ day ___ of 20 ___

County Home Improvement License # _____
 Sworn to before me this _____ day _____ of 20 _____

 Notary Public Signature

 Notary Public Signature

Important: Please be advised that by submitting the within application to the Town of Islip for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.
 Revised: 7/11