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# HISTORIC PRESERVATION COMMISSION REVIEW

JUL 0 7 2025

APPLICATION FOR CERTIFICATE OF APPROPRIATENES UILDING DEPARTMENT

PURSUANT TO THE PROVISIONS OF CHAPTER 48
HISTORIC PRESERVATION LAW OF THE VILLAGE OF GREENPORT

	1 1 16		
DATE OF APPLICA			
LOCATION OF PRO	OPERTY: 140 MSM ST ARBENTORT MY 11944		
SUFFOLK COUNTY	Y TAX MAP NUMBER: 1001.3.3.2		
PROPERTY OWNE	R: MARK-PARK CLRUS		
ADDRESS:	MOTHER PHONE:		
EMAIL ADDRESS:	YELEO, COM		
ARCHITECT/DESIGNER: Paret 12000 Architect			
ADDRESS:	205744 E GREATERT PHONE: 631. 477		
EMAIL ADDRESS:	com		
EIW NE /NOSKESS.			
Type of Pro	posed Work  COMMERCIAL  RESIDENTIAL		
Site Work			
M S S S S S S S S S S S S S S S S S S S	ENCE AND GATES RIVEWAY, WALK, PATIO, OTHER PAVEMENT IAJOR EXCAVATION OR REGRADING, OR BERM WIMMING POOL, TENNIS COURT INTHER STRUCTURAL LANDSCAPE ELEMENT IGNAGE AND AWNINGS - SUBMIT SCALE DRAWINGS TO INDICATING TO FOLLOWING: SIZE OF EACH SIGN COLOR FONT LOCATIONS OF ALL SIGNAGE AND AWNINGS ON BUILDING PROPOSED MATERIALS IODERN FEATURES SOLAR PANELS SKYLIGHTS DUTDOOR SHOWERS OTHER LOCATIONS OF SHOWERS		
Dandscape	Planting 4/A		
- A.			
H	EDGE ALONG STREET AND/OR PROPERTY BOUNDARY LINES LANTINGS INTENDED TO SCREEN OTHER WORK DESCRIBED IN THIS APPLICATION		

Buildings		
	NEW CONSTRUCTION ADDITION DEMOLITION REMOVAL ACCESSORY BUILDING	
Building A	Alterations	
	EXTERIOR WALL MATERIAL  ROOF MATERIAL AND COLOR  CHIMNEY MATERIAL  FOUNDATION MATERIAL  DOORWAYS (INCLUDING STORM/SCREEN DOOR WINDOWS (INCLUDING STORM/SCREEN SASH) A PORCHES AND STEPS  TRIM AND DECORATIVE DETAIL  GUTTERS AND LEADERS  PAINT AND STAIN  EXTERIOR LIGHTING  OTHER	AND SHUTTERS
PROVIDE A GE ACCOMPANYIN	NERAL DESCRIPTION OF THE PROPOSED WORK ( NG EXHIBITS).  CONSTRUCTION OF (2) ONE  ABOVE OHE STORY CORY	USE ADDITIONAL SHEETS IF NECESSARY, REFER TO THE SERY APPRICALLY LER STRUCTURE
LIST ALL EXHIE ACTUAL MATE	BITS SUBMITTED WITH THIS APPLICATION. ACTUAI RIALS ARE REQUIRED. (REFER TO THE INSTRUCT	_ SAMPLES OF MATERIALS AND/OR DESCRIPTIONS OF IONS FOR THE REQUIRED SUBMISSIONS).
	R APPROVALS REQUIRED: ATURE OF OWNER OR AUTHORIZED AGENT:	Planning Zoning, Building 2.3.25

## INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET (2/2)

- All debris created by land clearing and during construction must be removed from the property.
- No debris is to be used in backfill of footings and foundation. Debris are NOT permitted to be buried.
- The owner/contractor is responsible for all drainage and flooding issues. The owner/contractor is responsible for runoff water & erosion containment during construction.
- The Building Permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.
- A set of approved plans must always be kept on the jobsite during construction.

I have read and understand all the rules, regulations, and requirements associated with this application for a building permit.

Furthermore, I understand that the applicant, or an authorized agent of the applicant, is responsible for scheduling all required inspections.

Sworn to be before this

County, New York

Notary Public, State of New York Reg. No. 01CO6245154 Qualified in Suffolk County

BRITTANY A CONRAD

Commission Expires July 18, 2027

### ROBERT I. BROWN, ARCHITECT P.C.

205 BAY AVENUE GREENPORT, NY 11944 631-477 FAX 631-47

To Whom it may Concern,
Mark + Augela Carlos at residing/doing business at 140 Marw St.
Greenport, NY do hereby authorize Robert I. Brown Architect, PC and it's Agents to apply for
permit(s) on our behalf.
Signed Tach Calls Amuela C. Conl.
Print Name: Marel Carlos Angela P. Carlos

#### **AFFIDAVIT**

Village of Greenport ) Town of Southold ) County of Suffolk ) ss State of New York )
I swear that to the best of my knowledge and belief that the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Code, and all other laws pertaining to the proposed work shall be complied with, whether specified of not, and that such work and inspections are authorized by the owner. The Village of Greenport is hereby granted permission to enter the property listed as the "Location of Work Site" for the purposes of inspecting my property until this permit has been legally closed. I understand that this permit will be issued and accepted on condition that the provisions of Federal, State and Local rules and regulations, and any additional requirements of this Building Permit Application are complied with. Any violation of all applicable codes, or deviations from the approved plans may result in the immediate revocation of this Permit & legal action taken against me. No responsibility rests upon the Village of Greenport, Code Enforcement, the Fire Marshal or the Fire Department by reason of this application and permit.
Sworn to be before this 7th day Signature Molecular Owner or Applicant
BRITTANY A CONRAD Notary Public, State of New York Reg. No. 01CO6245154 Qualified in Suffolk County Commission Expires July 18, 2027
FOR OFFICIAL USE ONLY:
Date Application Received: By:
Permit Will Require: [ ] Zoning [ ] Planning [ ] HPC [ ] Village Board [ ] No Board Approval Required

Initial Building Permit Review Letter Sent Out On: \_\_\_\_\_ Fee: \$\_\_\_\_\_

Date Requested Documents/Fee Received: \_\_\_\_\_\_ Receipt No. \_\_\_\_

\*Notice of Disapproval Sent Out On:

\* = If Needed



## Village of Greenport Building Department

236 Third Street, Greenport, New York, 11944 (631) 477-0248 Ext. 212 www.villageofgreenport.org

#### ASBESTOS CERTIFICATION FORM

## Notice to Building Applicants:

AN ASBESTOS SURVEY IS REQUIRED FOR ALL RENOVATION, REMODELING, REPAIR AND DEMOLITION OF ALL INTERIOR AND EXTERIOR BUILDING MATERIALS.

AS PER NEW YORK STATE INDUSTRIAL CODE RULE 56, ASBESTOS MATERIAL MUST BE ABATED BY LICENSED CONTRACTORS UTILIZING CERTIFIED ASBESTOS HANDLERS. WITH THE EXCEPTION OF OWNER-OCCUPIED SINGLE-FAMILY HOMES, WHERE THE OWNER MAY REMOVE THE ASBESTOS AND RENOVATE THESE STRUCTURES THEMSELVES. IT IS NOT RECOMMENDED THAT THE OWNER PERFORM ABATEMENT, AS THE OWNER COULD POTENTIALLY EXPOSE THEMSELVES, THEIR FAMILY AND NEIGHBORS TO ASBESTOS FIBERS IF ADEQUATE ENGINEERING CONTROLS AND WORK METHODS ARE NOT UTILIZED DURING THE ABATEMENT.

FOR FURTHER INFORMATION AND UPDATES, PLEASE SEE THE NEW YORK STATE WEBSITE AT: <u>WWW.LABOR.STATE.NY.US</u> OR CONTACT THE ASBESTOS CONTROL BUREAU DISTRICT OFFICE, NYS DEPARTMENT OF LABOR, ASBESTOS CONTROL BUREAU, 75 VARICK STREET, 7<sup>TH</sup> FLOOR, NEW YORK, NY 10013, TELEPHONE NUMBER 212-775-3538.

Property Owner's Name: Mark Godos

Property Owner's Signature: Mark Call

Date: 7 / 7 / 25

I hereby agree to abide by the conditions listed above. I understand that I am responsible to ensure these requirements are met, including all other applicable

laws, rules and regulations pertaining to asbestos abatement.