



Town of **Brookhaven**
Long Island, New York

AMENDED
Land Use Application

One Independence Hill, Farmingville, NY 11738

Form PL-01 rev E 1/1/2019

Please check the appropriate application request:

1. TOWN BOARD:

- 1a. AMENDMENT OF RESTRICTIVE COVENANT (TBR)
- 1b. CHANGE OF ZONE (CZ)
- 1c. PLANNED DEVELOPMENT DISTRICT (PDD)(CZ)
- 1d. SPECIAL PERMIT (CZ)

Case Number:

Application Date:

Town Use Only

2. PLANNING BOARD:

- 2a. AMEND RESTRICTIVE COVENANT (Relief of Covenant) PBR
- 2b. FINAL SUBDIVISION - FS
- 2c. LAND DIVISION - LD
- 2d. PLANNING BOARD VARIANCE
- 2e. PRELIMINARY FINAL SUBDIVISION - FS
- 2f. PRELIMINARY SUBDIVISION - PS
- 2g. ROAD IMPROVEMENT/RESUBDIVISION - RI
- 2h. SINGLE FAMILY RESIDENCE - SF
- 2i. SITE PLAN- SP
- 2j. SPECIAL PERMIT - SP
- 2k. 278 CLUSTER TREATMENT (Submitted w/PS, FS, PF, LD or RI)
- 2l. OTHER:

Application is hereby made to the Town of Brookhaven for the application type requested.

By application submittal, the applicant does hereby authorize employees or agents of the Town of Brookhaven to enter and inspect the project site as necessary in conjunction with this application.

3. PLANNING DIVISION:

- 3a. CHANGE OF USE - CU (including facade and minor additions up to 500 sf)
- 3b. FIRE/AMBULANCE, ETC. - OM
- 3c. TEST HOLE - TH
- 3d. TREE CLEARING - TC
- 3e. REVEGETATION PLAN- RV



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I. GENERAL APPLICATION:
A. PROPERTY LOCATION:

Suffolk County Tax Map (SCTM) Property Number: (Use "Scope of Work" section below to list any additional SCTM #'s)

DISTRICT	SECTION	BLOCK	LOT
0200	- 734.00	- 03.00	- 2.3 & 2.4

Name of Application:

Located at #: , on the N E S W side of:

Distance: , N E S W of:

Hamlet: Post Office:

Ambulance District: School District:

Fire District: *Total Proposed S.F. of Building(s):

Property Size (Acres): OR Square Feet:

Disturbed Property Size (Acres): OR Square Feet:

Present Zoning/Use of Site: Proposed Zoning/Use of Site:

Name of Subdivision:

Subdivision Lot Number:

Yes No Does the property in question conform to the lot area requirement?

Scope of Proposed Work: (Please list all SCTM #'s associated with application)

The applicant is requesting the following for parcel known as 2664 NYS Rte. 112 (Medford Avenue), Medford, NY SCTM No. District 0200 Section 734.00 Block 03.00 Lots 2.3 and 2.4:

The applicant proposes to demolish all existing improvements and re-develop the site in accordance with the site plan submitted with a motor vehicle fueling station, accessory convenience store with drive-thru window, and canopies over fuel dispensers

A gasoline filling station has existed at the premises since prior to 1970. The site lends itself to be developed for J-5 Business District inasmuch as it is located at two major arterial highways, i.e. west side N.Y. State Rte. 112 south of Waverly Avenue. The subject site is immediately adjacent to a shopping center.



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B. PROPERTY OWNER/ENTITY CONSENT: *(separate sheets may be used for multiple owners)*

Be advised that I am the owner of record of the property referenced herein and hereby consent to this application. By this application, the owner does hereby authorize employees or agents of the Town of Brookhaven, in conjunction with this application, to enter and inspect the project site as necessary.

Owner/Entity Name:

Firm Name:

Address:

Hamlet: State: Zip: Tel#:

E-mail: Fax#:

If corporation, name of responsible officer: Title:

IN WITNESS WHEREOF I have hereto set my hand onto this day of ~~February~~,

Sign By Owner/Officer
 TITLE:

STATE OF NEW YORK)
 Westchester) ss.:
 COUNTY OF SUFFOLK)
 On the day of ~~February~~ in the year before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

MICHAEL G. LEWIS
 Notary Public, State of New York
 No. 02LE6107607
 Qualified in Westchester County
 Commission Expires April 5, 2024



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C. APPLICANT/CONTRACT VENDEE/LESSEE

(If same as owner, state in name field below)

Name: Firm Name:

Street Address:

City: State: Zip: Tel#:

E-mail: Fax#:

D. PLAN PREPARER

Name: Firm Name:

Street Address:

City: State: Zip: Tel#:

E-mail: Fax#:

E. ATTORNEY/AGENT (If applicable):

Name: Firm Name:
 Street Address:
 City: State: Zip: Tel#:
 E-Mail: Fax#:

F. Removal of Excess Materials

Engineers Certification:

The site plan or subdivision submitted to the Board depicts an excess of cubic yards, proposed to be removed from the premises.

Name: Phone Number

E-mail: License Number:

Signature: _____ Date: _____



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II. BOARD OF ETHICS TRANSACTIONAL DISCLOSURE:

Case Number:

A. APPLICANT OWNER:

Application Date:

Name: Address:

City: State: Zip: Tel#:

E-Mail: Fax#:

Yes No Does any officer of the State of New York, officer or employee of the Town of Brookhaven, officer or employee of Suffolk County, officer of a political party in Suffolk County or his or her spouse, brother, sister, parent, child, grandchild, or the spouse of any of them have an interest in this application by virtue of being the actual applicant, or, by virtue of having an interest in the corporation, partnership, or association making such application?

B. If you checked "Yes" above, please complete the following section below:

Interested Party and Nature of Interest:

Name: Address:

City: State: Zip:

Title: Department:

Relationship to Public Officer/Employee and Title if other than Self:

Yes No 1. Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is listed on the New York or American Stock Exchanges,

Yes No 2. The actual applicant,

Yes No 3. An Officer, Director, Partner, or Employee of the applicant, or ,

Yes No 4. Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

Adnan Kiriscioglu, President

Print Name: _____ title _____ Signature:

On the 12th day of February, in the year 2021 before me, the undersigned, a Notary Public in and for said State, appeared Adnan Kiriscioglu personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and they by his/her/their signature(s), on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

Notary Public:

MICHAEL G. LEWIS
 Notary Public, State of New York
 No. 02LE6107607
 Qualified in Westchester County
 Commission Expires April 5, 2024



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II. BOARD OF ETHICS TRANSACTIONAL DISCLOSURE: Case Number:

A. APPLICANT Application Date:

Name: Address:

City: State: Zip: Tel#:

E-Mail: Fax#:

Yes No Does any officer of the State of New York, officer or employee of the Town of Brookhaven, officer or employee of Suffolk County, officer of a political party in Suffolk County or his or her spouse, brother, sister, parent, child, grandchild, or the spouse of any of them have an interest in this application by virtue of being the actual applicant, or, by virtue of having an interest in the corporation, partnership, or association making such application?

B. If you checked "Yes" above, please complete the following section below:

Interested Party and Nature of Interest:

Name: Address:

City: State: Zip:

Title: Department:

Relationship to Public Officer/Employee and Title if other than Self:

Yes No 1. Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is listed on the New York or American Stock Exchanges,

Yes No 2. The actual applicant,

Yes No 3. An Officer, Director, Partner, or Employee of the applicant, or ,

Yes No 4. Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

Harvinder Singh, President

Signature:

Print Name: Harvinder Singh
 On the 19th day of February, in the year 2021, before me, the undersigned, a Notary Public in and for said State, appeared Harvinder Singh, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and they by his/her/their signature(s), on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

Notary Public:
MICHAEL G. LEWIS
 Notary Public, State of New York
 No. 02LE6107607
 Qualified in Westchester County
 Commission Expires April 5, 2024



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III. A. PROJECT DATA

- Yes No 1. Is the property within 500' of the boundary of any village or town? Village/Town
- Yes No 2. Within 500' of any existing or proposed County or State Parkway, Thruway, Expressway or highway?
- Yes No 3. Within 500' of any existing or proposed boundary of any County, State or Federal owned land?
- Yes No 4. Within 500' of any existing or proposed place of public assembly?
- Yes No 5. Within 100' of any freshwater or tidal wetland system?
- Yes No 6. Within Carmans River Watershed area?
- Yes No 7. Within a designated Historic District or Historic District Transition Zone?
- Yes No 8. Are there any existing covenants or restrictions affecting the premises for which the approval is sought?
If **Yes**, please attach a copy certified by the Suffolk County Clerk.
- Yes No 9. Are there covenants or conditions being offered which would affect the use or development of this property?
- Yes No 10. Is the property improved with any structures or signs? If **Yes**, attach a copy of any Certificate of Occupancy(s), Certificates of Existing Use(s), and/or Certificate of Zoning Compliance(s) for all of the existing structures and/or signs.
- Yes No 11. Is the property located within the New York State Hydrogeologic Sensitive Zone?
- Yes No 12. Is the property located within the New York State designated Central Pine Barrens area?
- Yes No 13. Is there any Pine Barrens Credits being purchased?
- Yes NO 14. Does the owner/applicant own or have any interest in any contiguous property?
If **Yes**, list the SCTM numbers below:

- Yes No 15. Have you applied for Health Department approval for sanitary waste for the proposed use?
- Yes No 16. Do any Special Districts or utilities service the site?
If **Yes**, please explain below:

Subject premises are serviced by PSEG Long Island, Suffolk County Water Authority, National Grid

- Yes No 17. Will there be any use, manufacture, or disposal of any hazardous materials, and/or ground water resources be utilized in any other way other than for normal potable consumption , and/or any air, noise or light emissions occur. If **Yes**, please explain below:

Underground fuel storage tanks will be constructed for storage of gasoline

- Yes No 18. Is the property located on an improved road?
- Yes No 19. Is the road Town maintained?
- Yes No 20. Does the proposed property disturb more than one acre of land? If **Yes**, please prepare a Stormwater Pollution Prevention Plan.
- Yes No 21. Is the property located within a designated Zoning Overlay District?
- Yes No 22. Was the property subject to a public hearing on a change of zone application within the last 12 months?



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III. B. PROJECT DATA: ECONOMIC IMPACTS

Completed for all commercial/industrial projects and residential projects greater than 10 Units
 (If not applicable, check here and go to Section IV) N/A

1. Does project involved Local, State or Federal funding? Yes No

2. **If single phase project:**
 Anticipated period of construction months. (including demolition). 9 months
3. **If multi-phased:**
 - a. Total number of phases anticipated.
 - b. Expected date of commencement Phase 1. (including demolition)
 - c. Approximate completion date of final phase. (month/year)
 - d. Is Phase 1 functionally dependent on subsequent phases? Yes No

4. Number of jobs generated during construction. (full time equivalent) 30
5. Number of jobs generated after completion. (full time equivalent) 12
6. Number of jobs eliminated by this project. 0
7. What are the current tax revenues generated by the project site? \$60,819
8. What tax revenues will project generate after completion? TBD
9. What is the estimated cost of construction? \$2,000,000.00
10. How many schoolchildren is the project expected to generate? N/A 0
11. What is the estimated cost of educating the school-age children generated by the completion of this project? N/A 0



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IV. SPECIAL USE PERMITS & VARIANCES:

A1. If the proposed project requires a **Special Permit**, please **check** the appropriate **Board** and describe the Special Permit request in the space below:

- Town Board
 Planning Board
 Zoning Board of Appeals

- Change of Zone from J2 Business to J5 Business District
- Town Board Special Permit for a motor vehicle fueling station
- Town Board Special Permit Special Permit for a convenience store accessory to the motor vehicle fueling station

B1. If the proposed project requires **Variations, or Waivers**, please **check** the appropriate **Board**, state the nature of the request and the reason in the space below:

- Town Board
 Planning Board
 Zoning Board of Appeals

Waivers of Special Permit Criteria:

- §85-467.B.(3) Maximum size of building 1,500 s.f. permitted: 2,939 s.f. proposed.
- §85-467B(3) Maximum area of 750 s.f. devoted to sales: 1,500 s.f. proposed.
- §85-467K(5) 25' buffer to residential property to west required: 10 feet proposed.
- 85-467G(H) Motor vehicle fueling station prohibited within 500' of place of public assembly (churches – 2)

2. VARIANCES/WAIVERS REQUESTED: Please check the type of variance/waiver request and specify the size proposed:

[Note: Upon application review, additional variance/waiver request(s) may be added by Town Application Examiners.]

<input type="checkbox"/> Lot Area	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 1st Story Sq. Ft.	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Lot Width	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> 2nd Story Sq. Ft.	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Front Yard Setback	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Special Permit Criteria	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Rear Yard Setback	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Other	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Side Yard Setback	Minimum <input style="width: 150px;" type="text"/>	Total	<input style="width: 150px;" type="text"/>

3. List the structure(s) requiring variance/waiver(s): Specify whether each structure is PROPOSED or EXISTING:

Convenience store	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Canopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



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C1. If the proposed project requires an **Amendment to a Restrictive Covenant**, please **check** the appropriate **Board** and describe: A) Existing covenant for which relief is sought; B) Description of requested relief; and, C) Reason for requested relief, in the space below:

- Town Board
 Planning Board
 Zoning Board of Appeals

NOT APPLICABLE

2. Percentage of current covenant area affected: %. Proposed percentage of covenant area affected: %.

3. Percentage of current buffer area affected: %. Proposed percentage of buffer area affected: %.

V. SUBDIVISION/LAND DIVISION:

A1. Complete for all subdivision/land division/road improvements

Deed(s) recorded in the Suffolk County Clerk's Office:		Number of Lots: <input type="text"/>
Date:	Liber:	Page:
<input type="text" value="Not Applicable"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Yes No 2. Are there encumbrances or liens against this land other than mortgages?
- Yes No 3. Will the final plat be filed in sections, or will it cover the entire preliminary layout?
- Yes No 4. Are all the public open spaces shown on the layout to be dedicated for public purposes?
5. How many acres are to be dedicated for public park or playground purposes?

Reset Form

**TOWN OF BROOKHAVEN
TRANSACTIONAL DISCLOSURE FORM
(Conflict of Interest Form)**

A Transactional Disclosure form is required when someone submits certain applications to Brookhaven Town. The purpose of the disclosure is to alert the Town if a party of influence has an interest in this application or if someone within the Town who will participate in the decision has an interest.

***Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name 2664 Rt 112 Realty Corp. Address 8012 Tonelle Avenue

City North Bergen State NJ Zip 07047

Telephone _____ Email _____ Fax _____

This form is for:

- An individual A partnership
 A corporation An association

Nature of Application:

- Property Assessment Grievance for non-residential parcel Variance
 Amendment Change of Zone
 Approval of Plat Exemption from Plat or Official Map
 License or Permit affecting real property Bidding on contract(s)

Affected parcel (address) 2664 Rte. 112, Medford, NY

Does any officer or employee of the Town of Brookhaven, member of an executive committee of a political party, or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? Yes ___ No XX

If Yes, complete the appropriate section below.

If No, sign and date at end of form.

Please complete the following relevant section below:

For individual:

Interested Party:

Name _____ Address _____

City _____ State _____ Zip _____

Effective 5/15/2018

For corporation:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded.

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

For partnership or association:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Does the owner hold greater than five percent (5%) interest of publicly traded shares?

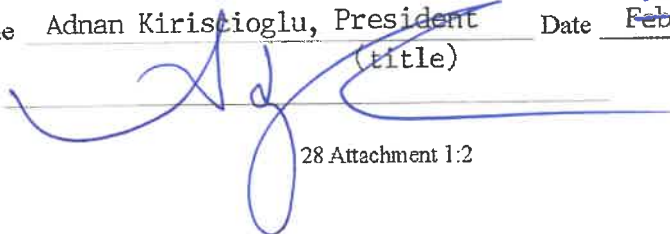
Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

ALL APPLICANTS PLEASE FILL OUT BELOW:

Print Name Adnan Kiriscioglu, President Date March 12, 2021
(Title) February

Signature 

Effective 05/15/2018

**TOWN OF BROOKHAVEN
TRANSACTIONAL DISCLOSURE FORM
(Conflict of Interest Form)**

A Transactional Disclosure form is required when someone submits certain applications to Brookhaven Town. The purpose of the disclosure is to alert the Town if a party of influence has an interest in this application or if someone within the Town who will participate in the decision has an interest.

**Note:* It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name Bolla Oil Corp. Address 809 Stewart Avenue
City Garden City State NY Zip 11530
Telephone (516)240-8671 Email hsingh@bollaoil.com Fax (516)512-6556

This form is for:

- An individual A partnership
 A corporation An association

Nature of Application:

- Property Assessment Grievance for non-residential parcel Variance
 Amendment Change of Zone
 Approval of Plat Exemption from Plat or Official Map
 License or Permit affecting real property Bidding on contract(s)

Affected parcel (address) 2664 NYS Rte. 112, Medford, NY

Does any officer or employee of the Town of Brookhaven, member of an executive committee of a political party, or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? Yes No XX

If Yes, complete the appropriate section below.
If No, sign and date at end of form.

Please complete the following relevant section below:

For individual:

Interested Party:

Name _____ Address _____
City _____ State _____ Zip _____

Effective 5/15/2018

For corporation:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

_____) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded.

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

For partnership or association:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Does the owner hold greater than five percent (5%) interest of publicly traded shares?

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

ALL APPLICANTS PLEASE FILL OUT BELOW:

Print Name HARVINDER SINGH, President Date March 12, 2021

Signature 

Effective 05/15/2018

11 - 01 - 2018