Town of Riverhead Building Department

755 East Main Street, Riverhead, New York 11901
(631) 727-3200 Ext. 213, 268, 266, 283
Fax: 631-208-8039

Sharon E. Klos	Richard P. Podlas	Richard E. Gadzinski	Jack Wherry	Mark Griffin
Building Permits Coordinator	Building Inspector	Electrical Inspector	Inspector	Inspector

Requirements for a Commercial Building Permit

1. Commercial Building Permit Application (signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Electrical Application (signed, notarized and submitted with permit application);
4. Dark Skies Compliance Acknowledgment (signed and notarized);
5. Inspection and Certificate of Occupancy information sheet (signed and dated);
6. Three (3) surveys, one with Suffolk County Department of Health approval if required, showing location of project on premises; **FOR NEW CONSTRUCTION: SURVEY REQURIED AFTER FOUNDATION POUR**
7. Two (2) sets of building plans (signed and sealed by NYS licensed architect or engineer) <u>must include square footage, estimated cost of construction, and height above grade of finished construction</u>.
8. Two (2) sets of building elevation plans with materials and colors stipulated
9. New York State Energy Conservation Construction Code calculations (when applicable)
10. Proof of Liability Insurance and Worker's Compensation Insurance Form C-105.2 or U26.3, showing the property owner and property location. Commercial Construction must list the Town of Riverhead as the additional insured.
11. Fee is determined through review of estimated construction cost and submitted plans and you will be notified.
12. Plans and survey dimensions must comply with Chapter 52-6 (D);
13. Processing of application begins upon receipt of required fees.
14. LIPA, Water, Sewer disconnect and Asbestos Abatement notices are required where demolition is involved;
15. Sign permits and fire prevention permits are applied for separately.
16. Single and separate title search is required for nonconforming lots. effective 1/1/02
17. Copy of recorded covenants and restrictions (when applicable) effective 1/1/02

APPLICATION FOR BUILDING & ZONING PERMIT

Town of Riverhead
Suffolk County, New York

Tax Map # _____ Section _____ Block _____ Lot

Application No. _____ Date ___/___/___ Permit No. _____ Date ___/___/___

Permit Expires: ___/___/___ Zoning District: _____ Disapproved Zoning: _____

Approved By: _____ Building Fee: $ _____ Electrical Fee: $ _____ Receipt: _____

All information BELOW to be filled out by APPLICANT: A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. This Application is to be submitted ACCOMPANIED by BUILDING PLANS DRAWN TO SCALE IN DUPLICATE, showing elevations, floor plans, run and size of joists, rafters, girders, details of footings and foundation, schematic of plumbing and electrical layouts and grade and species of lumber and quality of all material where applicable.

THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)

First name _____ Last name _____ Business Name _____

Street No. _____ Street Name _____ Hamlet _____

Property Location *of Proposed Work*

( ) - Phone Contact _____ ( ) - Fax Number _____ ( ) - Cellular Number _____

Street No. _____ Street Name _____ Town _____ State _____ Zip _____

Mailing Address *(if different from property location):*

The person responsible for the supervision of the work insofar as the Building Code and the Zoning Ordinance apply is: **CONTACT PERSON** (if different from owner)

First name _____ Last name _____

Street No. _____ Street Name _____ Town _____ State _____ Zip _____

( ) - Phone Number _____ ( ) - Fax Number _____ ( ) - Cellular Number _____

- ☐ Residential Est. of Value $ _____
- ☐ Commercial Est. of Value $ _____
- ☐ Accessory Structure _____ (describe)
- ☐ Addition
- ☐ Alteration
- ☐ Condo
- ☐ Deck
- ☐ Bulkhead / Dock
- ☐ Miscellaneous _____ (Describe)
- ☐ _____ Car Attached / Detached Garage
- ☐ Mobile/Modular Home
- ☐ Demolition
- ☐ Single Family Residence
- ☐ New Commercial Structure
- ☐ Swimming Pool
- ☐ Excavation/Land Clearing: Approx. _____ cubic yards to be removed.
- ☐ Agriculture Worker Housing
- ☐ Use Permit _____ (describe)

Pool Specifications (if applicable)

- ☐ In-Ground
- ☐ Above Ground
- ☐ Hot Tub / SPA
- ☐ Pool Heater
- ☐ Propane
- ☐ Natural Gas
- ☐ Oil Fired

APPLICATION FOR BUILDING & ZONING PERMIT

Tax Map # _____ Section _____ Block _____ Lot

Please Describe Project and/or Special Conditions:

ZONING SPECIFICATIONS. Fill in for new building, or addition to existing building or a change of occupancy. Indicate on the PLOT PLAN IN TRIPLICATE, street names, the location and size of the property, the location, size and setbacks of proposed buildings and the location of all existing building. Show proposed building(s) in dotted line and existing building(s) in solid line.

Proposed building _____ sq.ft.

Size of proposed addition _____ sq.ft.

Ground floor _____ sq.ft.

No#. of Bedrooms _____

Second (2nd) Floor _____ sq.ft.

Garage _____ sq.ft.

Height (from grade to ridge) _____ ft.

Impervious Surface _____ %

Electrician:

Company Name _____ License # _____

Street No. _____ Street Name _____ Town _____ State _____ Zip _____

Plumber:

Company Name _____ License # _____

Street No. _____ Street Name _____ Town _____ State _____ Zip _____

Home Imp:

Company Name _____ License # _____

Street No. _____ Street Name _____ Town _____ State _____ Zip _____

Note: All distances are net, as measured from property line to nearest part of building.

All work must be in compliance with the New York State Fire Prevention & Building Construction

AFFIDAVIT

Town of Riverhead)
County of Suffolk) s.s.
State of New York)

I swear that to the best of my knowledge and belief the statements contained in this application, together with the plans an specifications submitted, are true and complete statements of proposed work to be done on the described premisis and that all provisions of the BUILDING CODE, THE ZONING ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work and inspections are authorized by the owner.

Sworn to me before this _____ day

of _____ , _____

Signature _____

Owner's Agent, Architect

_____

Notary Public, Suffolk County, New York)

6817286536

Read this document carefully.
You may consult your attorney before completing.

Disclosure Affidavit

STATE OF NEW YORK)
SS:
COUNTY OF SUFFOLK)

I, _____ an applicant for the following

relief: _____ and being duly sworn, deposes and says:

under the penalty of perjury and swear to the truth thereof.

That I understand that this affidavit is required by Section 809 of the General Municipal Law and that a

knowing failure to provide true information is punishable as a misdemeanor. Being so warned, I state:

That _____ is a State Officer, is an officer or employee of Riverhead Town
(Name of Relative)
and:

☐ ***Check here if not applicable (i.e., you have no relative working for the Town of Riverhead.) and please sign below before a notary public.***

That this person has an interest in the person, partnership or association requesting the above stated relief.

That for the purpose of this section, an officer or employee shall be deemed to have an interest in the applicant where he, his spouse, or their brothers, sisters, parents, children, grandchildren or the spouse of any of them.

a. is an applicant,
b. is an officer, director, partner or employee of the applicant,
c. legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association, applicant, or
d. is a party to an agreement with such an application, express or implied whereby he may receive any payment or other benefit, whether or not for services rendered, dependant or contingent upon the favorable approval of such application, petition or request.
e. That ownership of less that five (5) per cent of the stock of a corporation whose stock is listed on the New York or American Stock Exchange shall not constitute an interest for the purpose of this section.

_____
(Signature)

Sworn to before me this _____day

of _____, 20_____

_____
Notary Public

Town of Riverhead
Building Department

ZB NO._____ 4 MONTH EXP._____ 12 MONTH EXP._____

INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET

An inspection must be made by the building department within four (4) months. Applicant must notify the building department for inspections. Construction must be completed and certificate of occupancy must be obtained within twelve (12) months.

The following inspections are required. **Three day notice for inspections is necessary**.

1st Inspection: Foundation before backfill (must be damp proofed where applicable). Footings for decks.
2nd Inspection: Under slab plumbing, perimeter insulation, and slab preparation before slab is poured.
3rd Inspection: Sill plates fastened to foundation.
4th Inspection: Strapping
5th Inspection: Sheathing
6th Inspection: Ice / weather shield protection.
7th Inspection: Framing before insulation is applied (includes rough wiring / plumbing) must have air & water test.
8th Inspection: Inspection of rough wiring by Town's electrical inspector.
9th Inspection: Insulation
10th Inspection: Sheetrock (fire rated) on both sides of garage walls, inside of house & inside of garage.
11th Inspection: The finished building / electrical inspections (ready for occupancy) all construction completed.

After the required inspections are made, a Certificate of Occupancy must be issued prior to occupying the subject building(s). The following documents are required to be submitted after all of the work is complete:

- Final Survey (by licensed surveyor) when applicable
- Electrical Inspectors final Certificate of compliance (issued by the Town of Riverhead Electrical Inspector)
- Suffolk County Health Department Approval (if required and/or necessary)
- Plumbers Affidavit of lead content (if required and/or necessary)
- Final Floor Affidavit
- Planning Department fees receipt, when required
- Final inspection and certificate of compliance by the Fire Marshal (when applicable)
- Approvals from Department of Environmental Conservation and Conservation Advisory Council when applicable, (i.e., when proposed construction is within 150 feet of the boundary of tidal waters, tidal wetlands, freshwater wetlands, natural drainage systems, or other watercourses)
- Dark Skies Compliance Acknowledgement, if applicable – Please review Outdoor Lighting Code, Chapter 108-246;

The Certificate of Occupancy will be issued after a processing period of at least Seventy-two hours (72) from the time all of the required documents are submitted to this office.

No building may be used or occupied in whole or in part, until a Certificate of Occupancy shall have been issued by the Building Inspector. (All new construction)

No building enlarged, extended or altered, or upon which work has been performed, which required a building permit, shall be occupied or used more than Thirty (30) days after completion, unless a Certificate of Occupancy shall have been issued by the Building Inspector. (All additions, alterations, etc.)

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 or is to be buried.

The owner/contractor is responsible for all drainage and flooding issues as provided by Section 52-6 (l) of the Town Code.

The person responsible for this site must call in for all inspections listed above.

Signature: _____ ***Date:*** _____

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*SCTM#*_____ *ZB#*_____

Application for Electrical Inspection

Town of Riverhead

(631) 727-3200 EXT. 213, 268, 266, 283
Fax (631) 208-8039

Owner of Property: _____ Phone No._____

Mailing Address: _____

Name of Contractor responsible for electrical installation: ***Electrical License No.***_____

Business Name in full: _____ Phone No. _____ Fax No. _____

Mailing Address: _____Cell No._____

Location of Job: _____Hamlet:_____

State use of premises: ☐ Residential ☐ Commercial

Nature of Work: _____

Exposed ☐ Concealed ☐ New ☐ Old ☐ Area of proposed construction in total square feet: _____

Service Information:
Temp Requested ☐

Size of Mains: _____Feeders:_____

Service Enters Building: ☐ Overhead ☐ Underground

Application fees are made payable to the Town of Riverhead Fee: _____ Type Code: _____

APPLICATION IS HEREBY MADE to the Building Department as per Chapter 52 of the Code of the Town of Riverhead.
STATE OF NEW YORK COUNTY OF SUFFOLK

_____being duly sworn deposes and says that he/she is the applicant above named.
He/She is the _____of said owner or owners, and is duly authorized to perform or have performed the said work and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that all work will be performed in the manner set forth in this application and in the plans and specifications filed herewith.

Sworn to before me this_____day
Of _____20_____ Signature of Electrician_____

Notary Public _____

Request Date:	Inspection	Remarks:

Town of Riverhead
Building Department
755 East Main Street
Riverhead, NY 11901

Phone: 631-727-3200
Ext. 213, 268, 266 or 283
Fax: 631-208-8039

Dark Skies' Compliance Acknowledgement
Town of Riverhead Lighting Ordinance Chapter 108-246

_____
Property Owner

_____
Property Address

Suffolk County Tax Map Number: 0600-_____-_____-_____

Permit No. ZB _____

I, _____, New York License #_____
☐ Electrician or ☐ Homeowner

doing business as _____
Name of Business

residing (or doing business) at _____,

being duly sworn, depose and says that;

☐ I am the Electrician for the above referenced property; that I currently have a valid New York State Electrician's License; and

☐ I am the homeowner; and

That the Outdoor Lighting installation is complete, that said installation conforms to the provisions of Chapter 108-246 of the Riverhead Town Code and the National Electrical Code; and that I understand that the Town of Riverhead will rely on this sworn statement as a condition to issuing the Electrical Certificate of Compliance for the above described work:.

Town of Riverhead)
County of Suffolk) ss.
State of New York)

Signature: _____

False statements made herein are punishable as a class "A" misdemeanor pursuant to § 210.45 of the Penal Law, State of New York.

Sworn to before me this _____ day

of _____, 20_____.

_____
(Notary Public, Suffolk County, New York)