



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
Building Permits Coordinator

Richard P. Podlas
Building Inspector

Richard E. Gadzinski
Electrical Inspector

Jack Wherry
Inspector

Mark Griffin
Inspector

REQUIREMENTS FOR DEMOLITION PERMIT

1. Two (2) Page Building Permit Application to be completely filled out (signed and notarize);
2. Disclosure Affidavit (signed and notarize);
3. Survey depicting location of all structures on the premise;
4. Long Island Power Authority (LIPA) disconnect letter;
5. Town of Riverhead Water turn off / cap letter (where applicable).
6. Town of Riverhead Sewer Department turn off / cap letter (when applicable).
You will need to contact the Sewer Department on the day of the demolition.
7. The fee is \$60.00 for a structure 1,000 square feet or less and \$95.00 for a structure over 1,000 square feet;
8. An asbestos abatement letter is required pursuant to Section 241.10 of the NYS Labor Law;
9. Process of application begins when the fee is received;



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

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

Pool Specifications (if applicable)

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> In-Ground | <input type="checkbox"/> Above Ground | <input type="checkbox"/> Hot Tub / SPA |
| <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Propane | <input type="checkbox"/> Natural Gas |
| | | <input type="checkbox"/> 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.	Second (2nd) Floor _____ sq.ft.
Size of proposed addition _____ sq.ft.	Garage _____ sq.ft.
Ground floor _____ sq.ft.	Height (from grade to ridge) _____ ft.
No#. of Bedrooms _____	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 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, 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 Signature _____
 of _____, _____ Owner's Agent, Architect

 Notary Public, Suffolk County, New York)

**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 than 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. Demolition must be completed and Certificate of Compliance must be obtained within twelve (12) months.

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

1st Inspection: The finished building demolition inspection.

No debris is to be buried.

The Certificate of Compliance will be issued after a processing period of at least Seventy-two hours (72) from date of inspection.

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 an inspection listed above.

Signature: _____

Date: _____

ZB# _____

TAX MAP# _____

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work indicated on the building permit myself.
- I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work indicated on the building permit or helping me perform such work.
- I have homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total 40 hours, for all workers, per week for the work indicated on the building permit.

I also agree to either;



acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on form approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or any individuals a total of 40 hours or more per week for work indicated on the building permit, OR



have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week for work indicated on the building permit.

Property Address: _____

Home Phone Number _____

(Signature of Homeowner)

(Date Signed)

Sworn to before me this ____ day of _____, _____. _____ Notary Public
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