



## **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

### ***THE FOLLOWING ITEMS ARE REQUIRED FOR A DUMPSTER AND/OR ENCLOSURE PERMIT***

A fee of \$100.00 per Dumpster and/or Enclosure made payable to Town of Riverhead.

1. Three (3) copies of a drawing of the Dumpster and/or Enclosure. The drawing **MUST** be professionally executed, drawn to a uniform scale, and contain at least the following information;
  - a. Color chips provided;
  - b. Materials of the dumpster enclosure and related attachments;
  - c. Overall size (width and height);
2. Building relating to dumpster and/or enclosure:
  - a. Specific location of the proposed dumpster and/or enclosure from the building.
  - b. A color photograph of the entire building.
3. Dumpster and/or enclosure:
  - a. Three (3) surveys indicating the proposed location of the dumpster and/or enclosure; **(dumpster and/or enclosure must be located 10 feet from any building and 10 feet from adjoining property lines);**
  - b. Photos of all existing dumpster and/or enclosures that are presently on the property;

#### **INSTRUCTIONS**

- (1) **The attached form must be completed in typed or printed in ink and submitted to the Building Department Town of Riverhead.**
- (2) Two (2) copies of a layout or plot plan showing the actual dimensions of the lot or parcel of land upon which the Dumpster and/or Enclosure is to be erected, the exact size and location on the lot or parcel, of the Dumpster and/or Enclosure being erected shall be submitted with this application.
- (3) The layout or plot plan need not be to scale and shall be clearly drawn on a piece of paper not less than 8 ½" X 11" and may be drawn in pencil.
- (4) On the layout or plot plan, the following must be shown;
  - a. The dimensions of the plot or parcel.
  - b. The name of adjacent street(s) and/or the names of adjacent owners.
  - c. An arrow indicating North.
  - d. The location of the Dumpster and/or Enclosure with relation to the front and side yards of the plot or parcel.
  - e. The dimension of the Dumpster and/or Enclosure and a rough sketch of the Dumpster and/or Enclosure of same.
- (5) All necessary data to compare the application, together with the layout or plot plan, with the requirements for the Zoning Ordinance must be furnished.
- (6) Upon approval of this application, the Building Inspector will issue a Zoning Permit to the applicant. It shall be required that the number of the permit be shown on the Dumpster and/or Enclosure for identification purposes, in numerals at *least* two (2) inches in height, prominently and permanently on or affixed to the face of the Dumpster Enclosure there on.



# 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.

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)

**APPLICATION**  
**FOR DUMPSTER AND/OR**  
**ENCLOSURE PERMIT**  
**Town of Riverhead**  
Suffolk County, New York

\_\_\_\_\_ has submitted papers for a Dumpster and/or Enclosure permit, dated  
\_\_\_\_\_.

**No dumpster and/or enclosure can be erected until the architectural review board and the building department approvals are obtained and a dumpster and/or enclosure permit is issued. It is advisable not to order your dumpster and/or enclosure until all approvals are obtained.**

---

*Name* *Date*

**§ 98-8. Dumpsters.**

All dumpsters shall be fully enclosed by an appropriate screening enclosure of no less than (5) feet and no more than (6) feet in height. Said Dumpster shall be equipped with a lid and shall be of durable construction. Said lid shall be closed and locked when not physically in use. In addition, the fence enclosure shall meet all of the fence specifications as set forth by the Riverhead Town Architectural Review Board. All enclosures will remain in working condition and must function properly at all times. All dumpsters in use before the effective date of this chapter shall be in compliance with said specifications set forth within six (6) months of the effective date of this chapter. Site Plan review may be waived if enclosure meets all requirements set forth by the Architectural Review Board.

**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. 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.**

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

After the required inspections are made, a Certificate of Occupancy must 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:** \_\_\_\_\_

# LAWS OF NEW YORK, 1998

## CHAPTER 439

The **general municipal law is amended by adding a new section 125** to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

### Implementing Section 125 of the General Municipal Law

#### 1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

◆ insured (C-105.2 or U-26.3),

◆ a Board-approved self-insured employer (SI-12), or

◆ are exempt (WC/DB-100),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

#### 2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file Form BP-1.

◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:

◇ is performing all the work for which the building permit was issued him/herself,

◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or

◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.

◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" Form BP-1, but shall either:

◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (Form C-105.2 or Form U-26.3), 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, provide appropriate proof of workers' compensation coverage, 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.

BP-1 (9-07) Reverse [www.wcb.state.ny.us](http://www.wcb.state.ny.us)

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 of less than 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 pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) 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 (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

Property Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public