



Town of Riverhead Building Department

4 W Second Street, Riverhead, New York 11901

(631) 727-3200 Ext. 213

www.townofriverheadny.gov

PRE-APPROVAL ACCESSORY APARTMENT APPLICATION (Part 1, 3 Pages)

Pre-Approval Requirements for an Accessory Apartment Permit/Building Permit

1. Building Permit Application (2 pages, signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Copies of all Certificate of Occupancy and/or Letter of Pre-Existing Use;
4. Three (3) surveys (must be less than ten (10) years old and show all existing structures), showing location of project on premises; two (2) 9' x 18' off street parking stalls must be shown on surveys;
5. Two (2) sets of building plans, in accordance with §217-6, signed and sealed by a licensed Architect or Engineer; **clearly printed on the front page of plans must be the square footage for apartment, the percentage of area of the principal dwelling, height of finished construction and elevations of exterior door (if applicable). The dimensions of each individual room must be shown on the plans;**
6. Copy of Covenants and Restrictions, when applicable;
7. \$150.00 NON-REFUNDABLE Pre-approval permit fee;



APPLICATION FOR BUILDING & ZONING PERMIT

4 W Second Street, Riverhead, New York 11901

631-727-3200 ext. 213

www.townofriverheadny.gov

Tax Map # _____

Application No. _____ Date _____ Permit No. _____ Receipt _____

Approved by _____ Zoning District _____ Building Fee \$ _____ Electrical Fee \$ _____

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 _____

Mailing Address _____ Town _____ State _____ Zip _____

Phone Contact _____ Fax _____ Email Address _____

Property Location of *Proposed Work*

CONTACT PERSON (if different from owner) The person to receive all correspondence including permit and associated certificate:

First Name _____ Last Name _____

Mailing Address _____ Town _____ State _____ Zip _____

Phone Contact _____ Fax _____ Email Address _____

<input type="checkbox"/> Residential - Estimated cost of proposed construction \$ _____	<input type="checkbox"/> Deck		
<input type="checkbox"/> Commercial - Estimated cost of proposed construction \$ _____	<input type="checkbox"/> _____ Car Attached/Detached Garage		
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> New Commercial Structure		
<input type="checkbox"/> Manufactured/Modular Home	<input type="checkbox"/> Bulkhead/ Dock		
<input type="checkbox"/> Excavation/Land clearing: approx _____ cu.yds. removed	<input type="checkbox"/> Demolition		
<input type="checkbox"/> Addition	<input type="checkbox"/> Agricultural Worker Housing		
<input type="checkbox"/> Alteration	<input type="checkbox"/> Condominium		
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Use Permit _____		
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Miscellaneous _____		
Pool Specifications (if applicable)			
<input type="checkbox"/> In ground	<input type="checkbox"/> Above ground	<input type="checkbox"/> Hot tub/spa	<input type="checkbox"/> Heater _____
Electric/Gas			

APPLICATION FOR BUILDING & ZONING PERMIT

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 property, the location and setbacks of proposed buildings and existing buildings. Show proposed buildings in dotted lines and existing buildings in a solid line. All distances are measured from property line to nearest part of building.

All work must be in compliance with the Building Code of New York State.

Existing building type/use _____ Proposed building _____ sq. ft. Garage _____ sq. ft.

Existing building _____ sq. ft. Proposed addition _____ sq. ft. Number of Bedrooms _____

Existing Floor 1 _____ sq. ft. Proposed Floor 1 add _____ sq. ft. Height _____ ft.

Existing Floor 2 _____ sq. ft. Proposed Floor 2 add _____ sq. ft. Impervious surface _____ %

Electrician: _____ License # _____

Mailing Address _____ Town _____ State _____ Zip _____

Plumber: _____ License# _____

Mailing Address _____ Town _____ State _____ Zip _____

Contractor: _____ License# _____

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, 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 be before this _____ day
of _____ 20 _____

Signature _____
Owner or Applicant

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
(Type of Permit)
sworn, deposes and says:

That I make and complete this affidavit 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
(Name of Relative)
Town, 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, dependent 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
Accessory Apartment Committee
4 W Second Street, Riverhead, New York 11901
(631) 727-3200 Ext. 213

REQUIREMENTS FOR AN ACCESSORY APARTMENT PERMIT APPLICATION
(Part 2, 4 Pages)

1. Completed Accessory Apartment Application (signed and notarized);
2. Copy of Pre-Approval Permit (All documents including plans, survey, Certificate of Occupancy and/or Letter of Pre-existing Use.);
3. Completed Termination Acknowledgement (signed and notarized);
4. Completed Code Compliance Acknowledgement (signed and notarized);
5. Completed Domicile Affidavit;
6. Proof of Identity (Must be government issued picture identification with home address; i.e. Drivers License, Passport, Military Identification);
7. A copy of the Deed;
8. \$500.00 Accessory Apartment Permit fee will be required upon final approval by the Accessory Apartment Committee and issuance of certificate of occupancy for the necessary alterations. Upon receipt, the Accessory Apartment permit will be issued for a term of 3 years. Thereafter, the Accessory Apartment permit may be extended for successive terms of 5 years for \$250.



Town of Riverhead
Accessory Apartment Committee
4 W Second Street, Riverhead, New York 11901
(631) 727-3200 Ext. 213

ACCESSORY APARTMENT APPLICATION

1. Owner Information:

Name: _____

Mailing Address: _____

Tax Map Number: _____ Home Telephone Number: _____

E-Mail: _____ Fax Number: _____

2. Property Information:

Physical Address: _____

Lot size: _____ Zoning: _____

Total living area _____ square feet Proposed Alteration _____ square feet

Location of Apartment: Inside Residence Detached Structure
 Existing Apartment New Construction

AFFIDAVIT

Town of Riverhead)
County of Suffolk)
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.

Homeowner's Signature

Co-Owner's Signature

Sworn to me before this _____ day

Of _____, 20 _____

Notary Public, Suffolk County, New York



Town of Riverhead
Accessory Apartment Committee
4 W Second Street, Riverhead, New York 11901
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TERMINATION ACKNOWLEDGEMENT

I, _____, hereby state that I am the owner and occupant of property located at _____, in the Town of Riverhead, Tax Map Number _____.

I hereby acknowledge that I have reviewed the pertinent provisions of the Town Code of the Town of Riverhead.

I hereby agree that the Accessory Apartment Permit or any extension thereof shall terminate upon the death of the signator or the survivor of the signator; upon the transfer of title to said premises, upon the signator no longer occupying the premises as their principal residence or upon a conviction for a violation of this article.

Signature of Owner

Date

Sworn to before me this _____ day

Of _____, 20 _____

Notary Public

Signature of Co-Owner

Date

Sworn to before me this _____ day

Of _____, 20 _____

Notary Public



**Town of Riverhead
Accessory Apartment Committee
4 W Second Street, Riverhead, New York 11901
(631) 727-3200 Ext. 213**

CODE COMPLIANCE ACKNOWLEDGEMENT

I, _____, hereby state that I am the owner and occupant of property located at _____, in the Town of Riverhead, Tax Map Number _____.

New Construction

I hereby acknowledge that I have reviewed the pertinent provisions of the Code of the Town of Riverhead, Suffolk County Health Services, New York State Uniform Fire Prevention and Building Code.

Pre-Existing Construction

I hereby acknowledge that I will have 90 days from the date of the Building Permit to meet all pertaining standards or the Accessory Apartment Permit will become null and void.

Signature of Owner

Date

Sworn to before me this _____ day

Of _____, 20_____

Notary Public

Signature of Co-Owner

Date

Sworn to before me this _____ day

Of _____, 20_____

Notary Public



Town of Riverhead
Accessory Apartment Committee
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AFFIDAVIT OF DOMICILE

STATE OF NEW YORK}

} ss.:

COUNTY OF SUFFOLK}

I, _____, being duly sworn deposes and states under the penalty of perjury:

1. I am the owner of the premises located at _____, _____, Town of Riverhead, County of Suffolk, State of New York.
2. I have attached hereto a copy of the deed for the above premises which evidences my ownership of such.
3. My current domicile is _____, _____, _____,
(Street Address) (Hamlet)
_____, _____, _____.
(Township) (County) (State)
4. The above information is being provided by me to the Town of Riverhead in support of my application for an Accessory Apartment, pursuant to Article I of the Code of the Town of Riverhead for my property set forth in §105-1 C(1).
5. I further acknowledge that if my domicile changes during the term of said Accessory Apartment Permit that the Accessory Apartment Permit will be terminated effective.

Signature of Applicant

Signature of Co – Applicant

STATE OF NEW YORK}

} ss.:

COUNTY OF SUFFOLK}

On the _____ day of _____, 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 signatures on the instrument, the individual(s) or the person upon behalf of the which the individual(s) acted, executed the instrument.



Town of Riverhead Building Department

4 W Second Street, Riverhead, New York 11901

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BUILDING REQUIREMENTS FOR AN ACCESSORY APARTMENT PERMIT

(Part 3, 3 Pages)

1. Inspection acknowledgment checklist;
2. Contractor's 3 Proofs of Insurance; Liability (Acord form, 1M/2M min.), Workers' Compensation (C-105.2 form), & Disability (DB 120.1 form). Forms shall show the property owner and property location, and list the Town of Riverhead as the certificate holder;
3. Electrical Application, if applicable (signed and notarized)
Please review Outdoor Lighting Code, Article XLIX;
4. REScheck or equivalent. If an addition of less than 500 sq. feet, insulation chart as per RCNYS required;
5. Fee is determined in accordance with §217-12 of the Code of the Town of Riverhead;

Town of Riverhead Building Department

ZB NO._____

SCTM#._____

INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET

Inspections must be made by the building department within four (4) months of the issuance of a building permit. It is the responsibility of the applicant, owner, or contractor to request inspections from the Building Department. Construction must be completed and certificate of occupancy must be obtained within twelve (12) months, or the permit may need to be renewed.

NOTE: AFTER THE FOUDATION IS POURED OR PILINGS ARE INSTALLED, AND PRIOR TO THE START OF FRAMING, A FLOOD ELEVATION CERTIFICATE IS REQUIRED FOR WORK WITHIN FLOODPLAIN.

The following inspections are required. **ONE WEEK** notice for inspections is necessary.

- 1st Inspection: Footing reinforcement or pier excavation prior to pour
- 2nd Inspection: Footing keyway with foundation wall reinforcement and dowels into existing
- 3rd Inspection: Foundation before backfill (must be damp proofed where applicable)
- 4th Inspection: Under slab plumbing, perimeter insulation, and slab preparation before slab is poured.
- 5th Inspection: Framing, Sheathing & Strapping prior to housewrap (if strapped under sheathing, separate sheathing inspection req'd)
- 6th Inspection: Rough plumbing; air and/or water test may be required
- 7th Inspection: Rough electric
- 8th Inspection: Insulation and draft stopping; must be weather tight
- 9th Inspection: Final building, plumbing, electrical inspections; all construction completed and ready for occupancy

Site features may need additional inspections; i.e. drywells, grading, grade stabilization, etc.

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 (**prepared by a NYS Licensed Surveyor**) when applicable
- A final Flood Elevation Certificate prepared by a NYS Licensed Surveyor**
- Electrical Certificate of Compliance (issued by the Town of Riverhead Electrical Inspector)
- Suffolk County Health Department Approval (if required and/or necessary)
- Plumbers Affidavit (if required and/or necessary)
- Final Floor Affidavit (if required and/or necessary)
- Dark Skies Compliance Acknowledgement, if applicable – Please review Outdoor Lighting Code, Article XLIX;

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 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.

Pursuant to Chapter 217-12 (G): The Building Inspector may charge a duplicate inspection fee for any inspection that must be repeated due to the failure of the applicant to meet the inspection criteria. The duplicate inspection fee for residential properties shall be \$200. The duplicate inspection fee for commercial properties shall be \$350. In addition, each missed inspection shall be considered a failed inspection and a fee shall be charged. If foundations are poured without the rebar being seen then we reserve the right to require third party imaging certification.

The owner/contractor is responsible for all drainage and flooding issues as provided by §217-6 (k) of the Town Code. Permit fees are nonrefundable per Town of Riverhead Code §217-12 D(17).

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

Signature: _____ Date: _____

2021 REVISED

SCTM# _____ ZB# _____ Receipt No. _____ Date _____



**Application for Electrical Permit
Town of Riverhead
(631) 727-3200 Ext. 213**

Owner of Property: _____ Phone No. _____

Mailing Address: _____

Location of Job: _____ Hamlet: _____

Name of Contractor responsible for electrical installation:

Business Name in full: _____ License No. _____

Mailing Address: _____

Phone# _____ Cell# _____ **E-MAIL** _____

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 217 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 _____

FOR OFFICE USE ONLY

Request Date:	Inspection	Remarks:



Dark Skies' Compliance Acknowledgement
Town of Riverhead Lighting Ordinance Article **XLIX**

TO BE SUBMITTED AT THE CONCLUSION OF WORK AND PRIOR TO CO

Property Owner

Property Address

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

Permit No. ZB _____

I, _____, Suffolk County 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 Suffolk County Electrician's License; and

I am the homeowner; and

That the Outdoor Lighting installation is complete, that said installation conforms to the provisions of **Article XLIX** 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)