



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:

[Large empty box for project description and 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# _____

Mailing Address _____ Town _____ State _____ Zip _____

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