



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 _____

☐ Residential - Estimated cost of proposed construction \$ _____

☐ Deck

☐ Commercial - Estimated cost of proposed construction \$ _____

☐ _____ Car Attached/Detached Garage

☐ Single Family Residence

☐ New Commercial Structure

☐ Manufactured/Modular Home

☐ Bulkhead/ Dock

☐ Excavation/Land clearing: approx _____ cu.yds. removed

☐ Demolition

☐ Addition

☐ Agricultural Worker Housing

☐ Alteration

☐ Condominium

☐ Accessory Structure

☐ Use Permit _____

☐ Swimming Pool

☐ Miscellaneous _____

Pool Specifications (if applicable)

☐ In ground

☐ Above ground

☐ Hot tub/spa

☐ 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
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Plumber: _____ License# _____

Mailing Address	Town	State	Zip
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Contractor: _____ License# _____

Mailing Address	Town	State	Zip
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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 Signature _____

of _____ 20 _____

Owner or Applicant

Notary Public, Suffolk County, New York