



## **Town of Riverhead Building Department**

**4 W Second Street, Riverhead, New York 11901**

**(631) 727-3200 Ext. 213**

**[www.townofriverheadny.gov](http://www.townofriverheadny.gov)**

### **MANUFACTURED DWELLING BUILDING PERMIT APPLICATION**

1. Building Permit Application (2 pages, signed and notarized);

2. Disclosure Affidavit (signed and notarized);

3. Inspection acknowledgment checklist;

4. Owner's Endorsement (park owner);

**5. For installations, additions, alterations, or repairs the contractor must be a New York Department of State Certified Manufacturer, Installer, or Mechanic of Manufactured Homes**

6. Contractor's or Installer's 3 Proofs of Insurance; Liability (Acord form, 2M/1M 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 additional insured/contract holder;

7. Electrical Application with Dark Skies Compliance Acknowledgement, if applicable (signed and notarized)  
Please review Outdoor Lighting Code, §301-259;

8. Two (2) complete sets of Building Plans **for the proposed unit**, in compliance with §217-6, including manufacturer's installation manual, pier footing/foundation and anchoring/tie-down locations and details, skirting and venting details;

- a. Manufactured dwellings within manufacture dwelling parks or mobile home parks must comply with Chapter 249 of the Code of the Town of Riverhead;
- b. Manufactured dwellings fabricated after June 15, 1976 must comply with the Department of Housing and Urban Development (HUD): Manufactured Home and Safety Standards;
- c. Relocation of manufactured dwelling fabricated prior to June 15, 1976 require a signed and sealed stamp of a New York state licensed architect or engineer certifying that the mobile home is strictly sound and free of heating and electrical systems hazards;

9. Three (3) plot plans/surveys, one with Health Department Approval when required, showing location of project **and existing and/or proposed sanitary facilities** on premises;

10. Approvals from other agencies having jurisdiction, if applicable (i.e. Department of Environmental Conservation, Conservation Advisory Council, Chapter 219, Riverhead Highway, Water, Sewer, etc.)

11. Fee is determined based on Chapter 217 of the Town Code and are **non-refundable per §217-12**;

**Please note: The processing of application begins when all applicable forms are received and the fee is paid.**



# APPLICATION FOR BUILDING & ZONING PERMIT

4 W Second Street, Riverhead, New York 11901

631-727-3200 ext. 213

[www.townofriverheadny.gov](http://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, Agent or Architect

**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.

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(Signature)

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

of \_\_\_\_\_, 20\_\_\_\_\_

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Notary Public

## Town of Riverhead Building Department

ZB NO. \_\_\_\_\_ 4 MONTH EXP. \_\_\_\_\_ 12 MONTH EXP. \_\_\_\_\_

### **INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET FOR MANUFACTURED OR MOBILE HOMES**

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. **One week notice for inspections is necessary.**

1<sup>st</sup> Inspection: Footing piers PRIOR TO POUR

2<sup>nd</sup> Inspection: Unit installed on piers with anchors and tie-downs PRIOR TO SKIRTING

3<sup>rd</sup> Inspection: Final with skirting, all connections, and steps. Electrical inspection is required

**\*\*\*DO NOT INSTALL SKIRTING UNTIL INSPECTED AND APPROVED\*\*\***

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 (by licensed surveyor) when applicable
- Electrical Inspectors 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
- Dark Skies Compliance Acknowledgement, if applicable – Please review Outdoor Lighting Code, Chapter 301-259;

- 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/flooding issues as provided by Chapter 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:** \_\_\_\_\_



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### **OWNER'S ENDORSEMENT**

Town of Riverhead Building Permit Chapter 217

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Owner Name

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Legal Address

Work Proposed: \_\_\_\_\_

Property Location: \_\_\_\_\_

Suffolk County Tax Map Number: 0600-\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_,  Officer of \_\_\_\_\_

being duly sworn, depose and says that;

I am aware of the proposed work intended to be performed on my property/building, owned in whole or by part by me, and have no objection to the Town of Riverhead Building Department's issuance of a permit for this work.

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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\_\_\_\_\_.  
  

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(Notary Public, Suffolk County, New York)

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 Chapter Article XLIX

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

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Property Owner

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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..

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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\_\_\_\_\_.

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(Notary Public, Suffolk County, New York)