



## **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)

### **SIGN PERMIT REQUIREMENTS**

1. Sign Permit Application (2 pages, signed and notarized);
2. Disclosure Affidavit (signed and notarized).
3. Contractor's 3 Proofs of Insurance; Liability, 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;
4. Electrical Application, if applicable (signed and notarized)  
Please review Outdoor Lighting Code, §301-259;
5. Two (2) surveys showing all structures and location of proposed/existing freestanding sign with all setbacks;
6. Two (2) plans; color renderings (**drawn to scale**) of each sign (**window graphics included**) for which a permit is sought indicating the exact dimensions of the sign, sign area, sign depth or thickness, font type(s) and size(s) of all lettering to be used on the sign. The rendering shall also include a drawing and the dimensions of all structures to be used to support the sign. If the sign is to be attached to a wall, a **scaled drawing** of the sign and its proposed location on the wall shall be submitted with the application;
7. A list of all materials to be used in constructing the major components of the sign including any supporting structures and illumination. Any illumination proposed shall comply with Article XLV (Outdoor Lighting) of the Town Code of the Town of Riverhead.
8. A color photograph of the existing building including all walls and areas where the sign is to be placed. Any and all signs currently on the building or premises must likewise be indicated and depicted graphically or photographically. Ideally, a second photograph shall be prepared in digital format superimposing the proposed sign onto the façade of the existing building. Such a digital image must be in scale relative to the actual building.
9. Samples of the actual colors to be used on the sign and/or the PMS color numbers.
10. Fees are \$300 per sign up to 32 square feet plus one dollar per additional square foot of sign area. If electric is to be installed, an additional \$95 is required.

**Permit fees are nonrefundable per Town of Riverhead Code 217-12**

**A representative for each sign must attend the Architectural Review Board meeting; please sign up for email notifications to be kept aware of meeting times and dates. [www.townofriverheadny.gov](http://www.townofriverheadny.gov)**

# APPLICATION FOR SIGN PERMIT

Application No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Tax Map No. \_\_\_\_\_  
Date: \_\_\_\_\_ Town Board Approval: \_\_\_\_\_ Receipt: \_\_\_\_\_  
Inspector Approval: \_\_\_\_\_ Building Fee: \_\_\_\_\_ Electrical Fee: \_\_\_\_\_

All information below to be filled out by applicant. A permit must be obtained before commencement of work.  
This application is to be submitted accompanied by design plans.

## **Riverhead Town Registered Sign Maker Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Sign-maker assigned registration number \_\_\_\_\_

## **The Owner of the Property Is: (Please Print Clearly)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Cellular Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_

## **The Contact Person Is: (If Different From Owner, Person Responsible for Installation)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Contact \_\_\_\_\_ Fax Number \_\_\_\_\_ Cellular Number \_\_\_\_\_

**\*\*Email Address - (NOTE) Please sign up for E-Notifications at [www.townofriverheadny.gov](http://www.townofriverheadny.gov) for meeting times/updates**

## **Physical Address of Sign and Business Name:**

**Type of Sign:** Primary Sign ☐ Secondary Sign ☐  
Is this application for a permit to replace a legally existing non-conforming sign? No \_\_\_\_\_ Yes \_\_\_\_\_  
Will existing signs be removed? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, which ones? \_\_\_\_\_

## **Below, please choose all that apply:**

☐ New ☐ Permanent ☐ Wall ☐ Roof ☐ Facial (Painted or Affixed) ☐ Altered ☐ Temporary ☐ Window  
☐ Awning or Canopy ☐ Illuminated ☐ Single Face ☐ Double Faced ☐ Advertising  
☐ Other (describe): \_\_\_\_\_  
☐ Freestanding  
Business \_\_\_\_\_ Directory \_\_\_\_\_ Double Pole \_\_\_\_\_ Single Pole \_\_\_\_\_ Monument \_\_\_\_\_ Single Sided \_\_\_\_\_ Double  
Sided \_\_\_\_\_ Embellishments No \_\_\_\_\_ Yes \_\_\_\_\_ (please describe)

**Location (address) of Sign:** \_\_\_\_\_  
Off Premises: No \_\_\_\_\_ Yes \_\_\_\_\_

**If Off premises**, has permission been obtained from property owner (REQUIRED), if other than the applicant;  
upon which the sign is to be erected? No \_\_\_\_\_ Yes \_\_\_\_\_ PROOF OF SAME NEEDS TO BE PROVIDED

**Please provide evidence (copy of title deed) of any Covenants & Restrictions on property by contacting the Suffolk County Clerk or the owner of the property where the sign is to be placed.**

**Zoning/Use District:**\_\_\_\_\_

**Dimensions of new sign:**

Width\_\_\_\_\_ Height\_\_\_\_\_ Area\_\_\_\_\_

**For Illuminated signs:**

Describe number of lights, type, placement, wattage and shielding mechanism. Provide information on the drawings.

**For wall, roof, awning, canopy or marquee signs:**

Width of storefront or building wall \_\_\_\_\_feet \_\_\_\_\_inches

Area or width & height of wall section/segment where sign is to be placed:

Area\_\_\_\_\_ or Width\_\_\_\_\_ & Height\_\_\_\_\_

**For Window signs:**

Area of Window\_\_\_\_\_ square feet

**Materials to be Used: May use separate page**

\*\*\*Submit any additional information including photographs of all existing signs pertaining to this business that will assist the Building Inspector and the ARB to make an informed decision. The location of all existing signs should be clearly indicated on the drawings.

**No Sign Can Be Erected Until The Town Board Approval Is Obtained & A Sign Permit Has Been Issued. It Is Advisable Not To Order Your Sign Until All Approvals Are Obtained.**

\_\_\_\_\_ has submitted papers for a sign permit, dated \_\_\_\_\_  
Name of Applicant

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.

\_\_\_\_\_  
*Signature*

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public, Suffolk County, State of 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

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)