



Town of Riverhead Building Department

4 W Second Street, Riverhead, New York 11901

(631) 727-3200 Ext. 213

www.townofriverheadny.gov

OCCUPANCY / USE PERMIT APPLICATION NO ALTERATIONS TO BUILDING & NO CHANGE OF OCCUPANCY CLASSIFICATION

1. Building Permit application (2 pages, signed and notarized);
Detailed project description must include previous use of space.
Example: First floor office space for John Q Financial Advisor, was previously Attorney's Office
2. Owner's Affidavit or copy of front page of executed lease;
3. Disclosure Affidavit (signed and notarized);
4. Two (2) Floor Plans drawn to scale detailing all fixtures for the building;
5. One survey of the property showing the location of project on premise, existing structures, and site improvements.
6. Planning Department Pre-Review Application;
7. Fee is \$300 and is **non-refundable per §217-12**;
8. Inspections shall be scheduled as soon as possible with a Building Inspector and the Fire Marshal

This permit is NOT a Certificate of Occupancy.

Space shall not be used or occupied until inspections are approved and a
Certificate of Compliance has been issued to you.

******* If Any Alterations Are Found To Have Been Performed To This Structure, A Separate Building
Permit Application And Fee Will Be Required. *******



APPLICATION FOR BUILDING & ZONING PERMIT

4 W Second Street, Riverhead, New York 11901

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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# _____

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

Signature _____

Owner, Agent or Architect

of _____ 20 _____

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



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COMMERCIAL

PLANNING PRE-REVIEW APPLICATION

DATE: _____

Tax Map # _____ - _____ - _____

PROPERTY ADDRESS: _____

PROJECT DESCRIPTION: _____

PROJECT INVOLVES (Check All That Apply)

- Façade Improvements**
- Site Improvements - Paving, Parking, Access, Drainage, etc.**
- Change of Use (Describe Proposed Use Above)**
- Interior Alteration Only with No Site Improvements**
- Other** _____

PLANNING DEPARTMENT USE ONLY

DATE: _____

CURRENT ZONING USE DISTRICT: _____

LAST LAWFULL OCCUPANCY: _____

PROPOSED USE: _____

SITE PLAN REQUIRED: **YES** **NO**

APPROVED TO PROCEED TO BUILDING DEPARTMENT: **YES** **NO**

REVIEWED BY: _____ **(PLANNING DEPARTMENT)**