

# TOWN OF RIVERHEAD ~ OFFICE OF THE FIRE MARSHAL

4 West Second Street, Riverhead New York 11901 (631) 727-3200 ext. 601

## CONSTRUCTION PERMIT APPLICATION

**TO BE SUBMITTED WITH:** ONE (1) SET OF STAMPED/SEALED BUILDING CONSTRUCTION PLANS AND  
**APPLICATION FEE:**

under 10,000 sq. ft. - <b>\$310</b>	10,001- 20,000 sq. ft. - <b>\$620</b>	20,001-40,000 sq. ft. - <b>\$826</b>
40,001 – 60,000 sq. ft. - <b>\$1033</b>	60,001- 80,000 sq. ft. - <b>\$1,239</b>	80,001 – 100,000 sq. ft. - <b>\$2065</b>
		Over 100,000 sq. ft add <b>\$.05 per sq ft</b>

Date of Application: \_\_\_\_\_ Tax Map No. \_\_\_\_\_ **TOR** Permit No. \_\_\_\_\_  
(Office Use Only) (Office Use Only)

**New Construction:**  **Alteration:**

**Address of Construction/Alteration** \_\_\_\_\_

**Business Name of Building / Occupant** \_\_\_\_\_

**Type of Building Occupancy (Specify from NYS Building Code)** \_\_\_\_\_

**Description of work to be performed:** \_\_\_\_\_  
\_\_\_\_\_

**Do you plan to install a Fire Alarm System?**  Yes  No **Fire Sprinkler System?**  Yes  No

**Property Owner Name:** \_\_\_\_\_

**Is Property Owner the Applicant?**  Yes  No **Daytime Phone No:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Applicant Information** (*to whom permit is to be issued to*)\*

**Name:** \_\_\_\_\_

**Mailing Address of Applicant:** \_\_\_\_\_

**Name & Number of Contact Person for Additional information:**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

### SIGNATURE OF APPLICANT

*The accuracy of the information, plans, diagrams and facts submitted in conjunction with this application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.*

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*PLEASE ALLOW A MINIMUM OF 2 – 4 WEEKS FOR REVIEW PROCESS\***