



Town of Riverhead Building Department

201 Howell Avenue, Riverhead, New York 11901

(631) 727-3200 Ext. 213

Fax: 631-208-8039

www.townofriverheadny.gov

COMMERCIAL BUILDING PERMIT APPLICATION

1. Building Permit Application attached (2 pages, signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Inspection acknowledgment checklist;
4. Contractor's 3 Proofs of Insurance; Liability (1M/2M 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 certificate holder;
5. Electrical Application, if applicable (signed and notarized)
Please review Outdoor Lighting Code, §301-259;
6. Fire Prevention Construction Permit Application;
7. Three (3) complete sets of Building Plans in compliance with §217-6 (2 for Bldg, 1 for FM), including COMcheck or equivalent. Please submit one (1) additional digital version, if possible;
8. Two (2) Plot Plans / Site Plans, with approval from the Planning Department, if applicable;
9. Two (2) surveys, one with Suffolk County Department of Health Services Approval showing location of project on premises, one with actual structures and site conditions;
10. Approvals from other agencies having jurisdiction, if applicable (i.e. SCDPW, NYDEC, NYDOT, Riverhead Highway, Water, Sewer, etc.)
11. Proof of title or Owner's Affidavit;
12. Copy of recorded Covenants and Restrictions, if applicable;
13. Fee is determined in accordance with Chapter 217 of the Town Code and is **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

201 Howell Avenue, Riverhead, New York 11901
631-727-3200 ext. 213, 268 and 283 Fax: 208-8039

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# _____			
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
of _____ 20 _____

Signature _____
Owner, Agent or Architect

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

Town of Riverhead Building Department

ZB NO. _____

SCTM# _____

INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET

Inspections must be made by the building department within four (4) months of the issuance of a building permit. It is the responsibility of the applicant, owner, or contractor to request inspections from the Building Department. Construction must be completed and certificate of occupancy must be obtained within twelve (12) months, or the permit may need to be renewed.

NOTE: AFTER THE FOUNDATION IS POURED OR PILINGS ARE INSTALLED, AND PRIOR TO THE START OF FRAMING, A FLOOD ELEVATION CERTIFICATE IS REQUIRED FOR WORK WITHIN FLOODPLAIN.

The following inspections are required. **Three day notice for inspections is necessary.**

- 1st Inspection: Footing reinforcement or pier excavation prior to pour
- 2nd Inspection: Footing keyway with foundation wall reinforcement and dowels into existing
- 3rd Inspection: Foundation before backfill (must be damp proofed where applicable)
- 4th Inspection: Under slab plumbing & electric conduit, perimeter insulation, and slab preparation before slab is poured
- 5th Inspection: Framing, have accessible blocking installed (if applicable)
- 6th Inspection: Rough plumbing; air and/or water test may be required
- 7th Inspection: Rough electric
- 8th Inspection: Insulation and fire stopping; must be weather tight
- 9th Inspection: Final building, plumbing, electrical inspections; all construction completed and ready for occupancy

Site features may need additional inspections; i.e. drywells, grading, grade stabilization, etc.

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 with Suffolk County Department of Health Services Approval, if applicable
- Electrical Certificate of Compliance with Dark Skies Acknowledgement, if applicable
- Fire Marshal Certificate of Compliance
- Planning Department Approval, if applicable
- Plumbers Affidavit, if applicable
- Final Floor Affidavit, if applicable
- Approvals from all agencies having jurisdiction (Highway, Water, Sewer, SCDPW, NYSDOT, etc.)

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.

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 owner/contractor is responsible for all drainage and flooding issues as provided by §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:** _____

SCTM# _____ ZB# _____ Receipt No. _____ Date _____



Application for Electrical Permit
Town of Riverhead
(631) 727-3200 Ext. 213
Fax (631) 208-8039

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 # _____ Fax# _____

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 Owner or Architect

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 owner or architect; 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)

TOWN OF RIVERHEAD

OFFICE OF THE FIRE MARSHAL

201 Howell Avenue, Riverhead New York 11901 (631) 727-3200 ext. 601 Fax (631) 727-3370

FIRE PREVENTION CONSTRUCTION PERMIT APPLICATION

FEE SCHEDULE: *under 10,000 sq. ft. - \$100 10,000 sq. ft. and over - \$150*

(TRUSS CONSTRUCTION) ADDITIONAL \$50 FEE

Date of Application: _____

Bldg Dept. ZB# _____

Tax Map No. _____

TOR Permit/Receipt No. _____

ATTACH: ONE (1) SET OF STAMPED/SEALED BUILDING CONSTRUCTION PLANS

New Construction: **Alteration:**

Address of Construction/Alteration _____

Business Name of Building / Occupant _____

Type of Building Occupancy (Specify from NYS Building Code) _____

In accordance with 19 NYCRR Part 1264, if the building under construction is of "Truss Type" construction an additional fee of \$50 is required. If the building will utilize truss construction, please describe construction type (ex: Type Vb) and where the truss system will be located (ex: roof, floor, roof & floor). _____

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 (ALL PERMITS)

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:** _____