



## **Town of Riverhead Building Department**

201 Howell Avenue, Riverhead, New York 11901

(631) 727-3200 Ext. 213

Fax: 631-208-8039

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

### **PRE-APPROVAL ACCESSORY APARTMENT APPLICATION (Part 1, 3 Pages)**

#### **Pre-Approval Requirements for an Accessory Apartment Permit/Building Permit**

1. Building Permit Application (2 pages, signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Copies of all Certificate of Occupancy and/or Letter of Pre-Existing Use;
4. Three (3) surveys (must be less than ten (10) years old and show all existing structures), showing location of project on premises; two (2) 9' x 18' off street parking stalls must be shown on surveys;
5. Two (2) sets of building plans, in accordance with §217-6, signed and sealed by a licensed Architect or Engineer; **clearly printed on the front page of plans must be the square footage for apartment, the percentage of area of the principal dwelling, height of finished construction and elevations of exterior door (if applicable). The dimensions of each individual room must be shown on the plans;**
6. Copy of Covenants and Restrictions, when applicable;
7. \$150.00 NON-REFUNDABLE Pre-approval permit fee;



# 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](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 \_\_\_\_\_ Signature \_\_\_\_\_  
of \_\_\_\_\_ 20 \_\_\_\_\_  
Owner or Applicant

\_\_\_\_\_  
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**  
**Accessory Apartment Committee**  
201 Howell Avenue, Riverhead, New York 11901  
(631) 727-3200 Ext. 213  
Fax: 631-208-8039

**REQUIREMENTS FOR AN ACCESSORY APARTMENT PERMIT APPLICATION**  
**(Part 2, 4 Pages)**

1. Completed Accessory Apartment Application (signed and notarized);
2. Copy of Pre-Approval Permit (All documents including plans, survey, Certificate of Occupancy and/or Letter of Pre-existing Use.);
3. Completed Termination Acknowledgement (signed and notarized);
4. Completed Code Compliance Acknowledgement (signed and notarized);
5. Completed Domicile Affidavit;
6. Proof of Identity (Must be government issued picture identification with home address; i.e. Drivers License, Passport, Military Identification);
7. A copy of the Deed;
8. \$500.00 Accessory Apartment Permit fee will be required upon final approval by the Accessory Apartment Committee and issuance of certificate of occupancy for the necessary alterations. Upon receipt, the Accessory Apartment permit will be issued for a term of 3 years. Thereafter, the Accessory Apartment permit may be extended for successive terms of 5 years for \$250.



**Town of Riverhead**  
**Accessory Apartment Committee**  
201 Howell Avenue, Riverhead, New York 11901  
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**ACCESSORY APARTMENT APPLICATION**

**1. Owner Information:**

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

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

Tax Map Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**2. Property Information:**

Physical Address: \_\_\_\_\_

Lot size: \_\_\_\_\_ Zoning: \_\_\_\_\_

Total living area \_\_\_\_\_ square feet Proposed Alteration \_\_\_\_\_ square feet

Location of Apartment:     Inside Residence     Detached Structure

Existing Apartment     New Construction

**AFFIDAVIT**

Town of Riverhead )  
County of Suffolk )  
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.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Co-Owner's Signature

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

Of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, Suffolk County, New York



**Town of Riverhead**  
**Accessory Apartment Committee**  
 201 Howell Avenue, Riverhead, New York 11901  
 (631) 727-3200 Ext. 213  
 Fax: 631-208-8039

**TERMINATION ACKNOWLEDGEMENT**

I, \_\_\_\_\_, hereby state that I am the owner and occupant of property located at \_\_\_\_\_, in the Town of Riverhead, Tax Map Number \_\_\_\_\_.

I hereby acknowledge that I have reviewed the pertinent provisions of the Town Code of the Town of Riverhead.

I hereby agree that the Accessory Apartment Permit or any extension thereof shall terminate upon the death of the signator or the survivor of the signator; upon the transfer of title to said premises, upon the signator no longer occupying the premises as their principal residence or upon a conviction for a violation of this article.

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Date

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

Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Signature of Co-Owner

\_\_\_\_\_  
 Date

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

Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public



**Town of Riverhead**  
**Accessory Apartment Committee**  
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**CODE COMPLIANCE ACKNOWLEDGEMENT**

I, \_\_\_\_\_, hereby state that I am the owner and occupant of property located at \_\_\_\_\_, in the Town of Riverhead, Tax Map Number \_\_\_\_\_.

New Construction

I hereby acknowledge that I have reviewed the pertinent provisions of the Code of the Town of Riverhead, Suffolk County Health Services, New York State Uniform Fire Prevention and Building Code.

Pre-Existing Construction

I hereby acknowledge that I will have 90 days from the date of the Building Permit to meet all pertaining standards or the Accessory Apartment Permit will become null and void.

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Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

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

Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

---

Signature of Co-Owner \_\_\_\_\_ Date \_\_\_\_\_

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

Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public





## **Town of Riverhead Building Department**

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### **BUILDING REQUIREMENTS FOR AN ACCESSORY APARTMENT PERMIT**

**(Part 3, 3 Pages)**

1. Inspection acknowledgment checklist;
2. Contractor's 3 Proofs of Insurance; Liability (Acord form, 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 the certificate holder;
3. Electrical Application, if applicable (signed and notarized)  
Please review Outdoor Lighting Code, Article XLIX;
4. REScheck or equivalent. If an addition of less than 500 sq. feet, insulation chart as per RCNYS required;
5. Fee is determined in accordance with §217-12 of the Code of the Town of Riverhead;

# 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 PILING IS 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.**

- 1<sup>st</sup> Inspection: Footing reinforcement or pier excavation prior to pour
- 2<sup>nd</sup> Inspection: Footing keyway with foundation wall reinforcement and dowels into existing
- 3<sup>rd</sup> Inspection: Foundation before backfill (must be damp proofed where applicable)
- 4<sup>th</sup> Inspection: Under slab plumbing, perimeter insulation, and slab preparation before slab is poured.
- 5<sup>th</sup> Inspection: Framing, Sheathing & Strapping prior to housewrap (if strapped under sheathing, separate sheathing inspection req'd)
- 6<sup>th</sup> Inspection: Rough plumbing; air and/or water test may be required
- 7<sup>th</sup> Inspection: Rough electric
- 8<sup>th</sup> Inspection: Insulation and draft stopping; must be weather tight
- 9<sup>th</sup> 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 (**prepared by a NYS Licensed Surveyor**) when applicable
- A final Flood Elevation Certificate prepared by a NYS Licensed Surveyor**
- Electrical Inspectors final Certificate of compliance (issued by the Town of Riverhead Electrical Inspector)
- Suffolk County Health Department Approval (if required and/or necessary)
- Plumbers Affidavit (if required and/or necessary)
- Final Floor Affidavit (if required and/or necessary)
- Dark Skies Compliance Acknowledgement, if applicable – Please review Outdoor Lighting Code, Article XLIX;

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



**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  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)