



Town of Riverhead Building Department

201 Howell Avenue, Riverhead, New York 11901

(631) 727-3200 Ext. 213

Fax: 631-208-8039

www.townofriverheadny.gov

RESIDENTIAL POOL PERMIT APPLICATION

1. Building Permit Application (2 pages, signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Inspection acknowledgment checklist;
4. Contractor's 3 Proofs of Insurance; Liability (Acord form, 2M/1M 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 additional insured/contract holder;
5. Electrical Application (signed and notarized);
6. Two (2) complete sets of Building Plans, in compliance with Chapter 217-6, including all equipment specifications and barrier details. Please submit one (1) additional digital version, if possible;
7. Two (2) surveys, one with Health Department Approval when required, showing location of project **and existing and/or proposed sanitary facilities** on premises;
8. Approvals from other agencies having jurisdiction, if applicable (i.e. Department of Environmental Conservation, Conservation Advisory Council, Chapter 219, etc.);
9. Copy of recorded Covenants and Restrictions, if applicable;
10. Fee is determined in accordance with Chapter 217 of the Town Code and are **non-refundable per §217-12;**

Please note: The processing of application begins when all applicable forms are received and the fee is paid.

POOL PERMITS ARE ONLY ACTIVE FOR FOUR (4) MONTHS



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

The pool must be completed and a Certificate of Occupancy shall be applied for within four (4) months of the issuance of the permit, or the permit may need to be renewed

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

1st Inspection: Pool walls, rebar for poured or sprayed walls, prior to backfill
Barriers must be installed upon excavation, whether permanent or temporary

2nd Inspection: Underground electrical trenching and pool bonding

3rd Inspection: Final building, electrical, permanent barrier with self-closing gates, alarms

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
- Electrical Certificate of Compliance (issued by the Town of Riverhead Electrical Inspector)

No pool may be used or occupied in whole or in part, until a Certificate of Occupancy shall have been issued by the Building Inspector. 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.

The owner/contractor is responsible for all drainage and flooding issues as provided by Chapter 217-12 (k) of the Town Code.

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

The person responsible for this site must call in for all inspections listed above.

Signature: _____
Owner

Date: _____

Signature: _____
Contractor

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: