



Town of Riverhead Building Department

201 Howell Avenue, Riverhead, New York 11901

(631) 727-3200 Ext. 213, 268, 266, 283

Fax: 631-208-8039

Leroy E. Barnes, Jr.

Building Department Administrator

Sharon E. Klos
Building Permits Coordinator

Richard P. Podlas
Building Inspector

Richard E. Gadzinski
Electrical Inspector

Jack Wherry
Inspector

Mark Griffin
Inspector

PRE-APPROVAL ACCESSORY APARTMENT APPLICATION

(Part 1, 4 Pages)

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

1. Two (2) Page Building Permit Application (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, showing location of project on premises; two (2) 9' x 18' off street parking stalls must be shown on surveys;
5. Three (3) sets of signed and sealed building plans by a licensed Architect or Engineer; including square footage of habitable space for apartment, percentage of habitable area of the principal dwelling, height of finished construction and elevations of exterior door (if applicable) clearly printed on the front page of plans;
6. Copy of Covenants and Restrictions;
7. \$150.00 NON-REFUNDABLE Pre-approval permit fee;
8. Plans and survey dimensions must comply with Chapter 52-6 (D);

Date submitted: _____	Clerk's Initials: _____
Pre-Approval Fee Paid Receipt # _____	Application #: _____
Building Dept. Pre- Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspector's Signature: _____
Pre-Approval Permit # _____	
Zoning Board of Appeals Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved by AARB : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved Apartment Permit Number: _____	



APPLICATION FOR BUILDING & ZONING PERMIT

Town of Riverhead
Suffolk County, New York

Tax Map # _____
Section Block Lot

Application No. _____ Date ____/____/____ Permit No. _____ Date ____/____/____

Permit Expires: ____/____/____ Zoning District: _____ Disapproved Zoning: _____

Approved By: _____ Building Fee: \$ _____ Electrical Fee: \$ _____ Receipt: _____

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

Street No. Street Name Hamlet

Property Location of Proposed Work

() - () - ()
Phone Contact Fax Number Cellular Number

Street No. Street Name Town State Zip

Mailing Address (if different from property location):

The person responsible for the supervision of the work insofar as the Building Code and the Zoning Ordinance apply is: CONTACT PERSON (if different from owner)

First name Last name

Street No. Street Name Town State Zip

() - () - ()
Phone Number Fax Number Cellular Number

- Residential Est. of Value \$ _____
- Commercial Est. of Value \$ _____
- Accessory Structure _____ (describe)
- Addition
- Alteration
- Condo
- Deck
- Bulkhead / Dock
- Miscellaneous _____ (Describe)
- _____ Car Attached / Detached Garage
- Mobile/Modular Home
- Demolition
- Single Family Residence
- New Commercial Structure
- Swimming Pool
- Excavation/Land Clearing: Approx. _____ cubic yards to be removed.
- Agriculture Worker Housing
- Use Permit _____ (describe)

Pool Specifications (if applicable)

- In-Ground Above Ground Hot Tub / SPA
- Pool Heater Propane Natural Gas Oil Fired

APPLICATION FOR BUILDING & ZONING PERMIT

Tax Map # _____
Section Block Lot

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 TRIPPLICATE, street names, the location and size of the property, the location, size and setbacks of proposed buildings and the location of all existing building. Show proposed building(s) in dotted line and existing building(s) in solid line.

Proposed building _____ sq.ft.	Second (2nd) Floor _____ sq.ft.
Size of proposed addition _____ sq.ft.	Garage _____ sq.ft.
Ground floor _____ sq.ft.	Height (from grade to ridge) _____ ft.
No#. of Bedrooms _____	Impervious Surface _____ %

Electrician: _____
Company Name License #

Street No. Street Name Town State Zip

Plumber: _____
Company Name License #

Street No. Street Name Town State Zip

Home Imp: _____
Company Name License #

Street No. Street Name Town State Zip

Note: All distances are net, as measured from property line to nearest part of building.
All work must be in compliance with the New York State Fire Prevention & Building Construction

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, 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.

Sworn to me before this _____ day Signature _____
 of _____, _____ Owner's Agent, 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, dependant 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 Review Board
201 Howell Avenue, Riverhead, New York 11901
(631) 727-3200 Ext. 266
Fax: 631-208-8039

Charles Funda, Chairman

Felicia A. Wilson, Member

Christine Curtis, Member

Linda Hulse, Member

John Hubbard, Member

Requirements for an Accessory Apartment Permit Application
(Part 2, 5 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 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. \$500.00 Accessory Apartment Permit Fee shall be paid if approved by the Accessory Apartment Board.

Date of completed application submitted: _____ Receipt Number: _____ Received by: _____

Approved Accessory Apartment Application Number: _____ Date of Meeting: _____



Town of Riverhead
Accessory Apartment Review Board
201 Howell Avenue, Riverhead, New York 11901
(631) 727-3200 Ext. 266
Fax: 631-208-8039

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

Sworn to me before this _____ day
Of _____, 20____

Notary Public, Suffolk County, New York



Town of Riverhead
Accessory Apartment Review Board
201 Howell Avenue, Riverhead, New York 11901
(631) 727-3200 Ext. 266
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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 _____, 200

Notary Public

Signature of Co-Owner

Date

Sworn to before me this _____ day

Of _____, 200

Notary Public



Town of Riverhead
Accessory Apartment Review Board
 201 Howell Avenue, Riverhead, New York 11901
 (631) 727-3200 Ext. 266
 Fax: 631-208-8039

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 Town 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.

Signature of Owner _____ Date _____

Sworn to before me this _____ day
 Of _____, 200

 Notary Public

Signature of Co-Owner _____ Date _____

Sworn to before me this _____ day
 Of _____, 200

 Notary Public



Town of Riverhead Building Department

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Building Requirements for an Accessory Apartment Permit (Part 3, 6 Pages)

1. Electrical Application with Dark Skies Compliance Acknowledgement, if applicable (signed and notarized) Please review Outdoor Lighting Code, Chapter 108-246;
2. Proof of Liability Insurance or Worker's Compensation Insurance showing the property owner and property location;
3. RES or COM CHECK LIST (separate 4 pages) is required for new construction;
4. The processing of building permit application begins when the fee is paid. Fee is determined based on Chapter 52 of the Town Code;

Town Of Riverhead Requirements for Submission Of Residential Construction Plans and Permits

New York State has adopted a new building code entitled “**The Building Code of the State of New York**” which is now in effect (effective January 1, 2003). The new code consists of several volumes that may be purchased by contacting the International Council of Building Officials (ICBO) at 1-800-284-4406. All applications submitted after January 1, 2003 must be designed in accordance with this code. It is required that an approved set of plans be on the construction site for all stages of construction. If these approved plans are not on site, the inspector will require you to re-schedule your inspection.

All buildings in the Town of Riverhead are located in a **110 MPH** wind zone and must be designed in accordance with one of the following reference manuals as per Section R301 of the Residential Code and 1609.2 of the Building Code of New York:

1. American Forest and Paper Association (AF&PA) **Wood Frame Construction Manual for One and Two Family Dwellings**. www.awc.org/
2. Southern Building Code Congress **International Standard for Hurricane Resistant Residential Construction**. www.sbcci.org/
3. American Society for Civil Engineers, **Minimum Design Loads for Buildings and Other Structures** www.asce.org

The BCNYS Section 1609.2 and the standards referenced in RCNYS Section R301.2.1.1 have definitions of windborne debris regions. In areas where the basic wind speed is 110 mile per hour (MPH) or greater, the wind-borne debris region is applicable at a distance of one (1) mile inland from the mean high water line. All glazed openings in buildings must be protected with glazing meeting the large missile test certification or with structural shutters with attached hardware that complies with RCNYS R301.2.1.2 Internal pressure. The ASTM E1996, 1998 edition, has more specific requirements on the levels of protection required in these areas. Specific to the area between the 110 MPH and 120 MPH wind contour lines, the measurement of the one (1) mile distance is determined by the local Code Enforcement Official.

A full code analysis must be submitted on each set of plans. This analysis must contain the following information and certified by the design professional:

1. Reference standard that was utilized in the design of the structure.
2. Floor area of each story and garage.
3. Design load calculations including live, dead, snow, seismic, and wind (including uplift) and code conformance.
4. Window and door schedule showing conformance with emergency escape requirements and missile test requirement when applicable.
5. Energy calculations submitted by the design professional using software known as “MEC *check*” (4 pages) see www.energycodes.org
6. Nailing schedules for all structural elements and roof shingles.
7. Location of smoke detector(s) and carbon monoxide detector(s).

The following details must also be submitted on each set of plans:

1. All clips, straps, and foundation anchoring that is required.
2. All structural elements including columns, girders, joists, lintels, headers, wall and roof framing with dimensional lumber and engineered lumber sizes.
3. Load paths from roof to foundation.
4. Truss design drawings with calculations and attachment details.
5. Structural shutter and hardware design details when applicable.
6. Plumbing riser diagram.

**Town of Riverhead
Building Department**

ZB NO. _____ 4 MONTH EXP. _____ 12 MONTH EXP. _____

INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET

An inspection must be made by the building department within four (4) months. Applicant must notify the building department for inspections. Construction must be completed and certificate of occupancy must be obtained within twelve (12) months.

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

- 1st Inspection: Foundation before backfill (must be damp proofed where applicable). Footings for decks.
- 2nd Inspection: Under slab plumbing, perimeter insulation, and slab preparation before slab is poured.
- 3rd Inspection: Sill plates fastened to foundation.
- 4th Inspection: Strapping
- 5th Inspection: Sheathing
- 6th Inspection: Ice / weather shield protection.
- 7th Inspection: Framing before insulation is applied (includes rough wiring / plumbing) must have air & water test.
- 8th Inspection: Inspection of rough wiring by Town's electrical inspector.
- 9th Inspection: Insulation
- 10th Inspection: Sheetrock (fire rated) on both sides of garage walls, inside of house & inside of garage.
- 11th Inspection: The finished building / electrical inspections (ready for occupancy) all construction completed.

After the required inspections are made, a Certificate of Occupancy must be applied for prior to occupying the subject building(s). The following documents are required to be submitted after all of the work is complete:

- Final Survey (by licensed surveyor) when applicable
- 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 of lead content (if required and/or necessary)
- Final Floor Affidavit
- Planning Department fees receipt, when required
- Final inspection and certificate of compliance by the Fire Marshal (when applicable)
- Approvals from Department of Environmental Conservation and Conservation Advisory Council when applicable, (i.e., when proposed construction is within 150 feet of the boundary of tidal waters, tidal wetlands, freshwater wetlands, natural drainage systems, or other watercourses)
- Dark Skies Compliance Acknowledgement, if applicable – Please review Outdoor Lighting Code, Chapter 108-246;

The submission of the above required documents for a Certificate of Occupancy is considered the "Application".

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 Section 52-6 (l) of the Town Code.

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

Signature: _____ Date: _____

ZB# _____

TAX MAP# _____

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

I am performing all the work indicated on the building permit myself.

I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work indicated on the building permit or helping me perform such work.

I have homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total 40 hours, for all workers, per week for the work indicated on the building permit.

I also agree to either;



acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on form approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or any individuals a total of 40 hours or more per week for work indicated on the building permit, OR



have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

Property Address:

Home Phone Number _____

Sworn to before me this _____ day of

_____, _____.

Notary Public

Application for Electrical Inspection

Town of Riverhead

(631) 727-3200 EXT. 213, 268, 266, 283

Fax (631) 208-8039

Owner of Property: _____ Phone No. _____

Mailing Address: _____

Name of Contractor responsible for electrical installation:

Business Name in full: _____ Phone No. _____ Fax No. _____

Mailing Address: _____ Cell No. _____

Location of Job: _____ Hamlet: _____

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 52 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 _____

Request Date:	Inspection	Remarks:

Town of Riverhead
Building Department
201 Howell Avenue
Riverhead, NY 11901

Phone: 631-727-3200
Ext. 213, 268, 266 or 283
Fax: 631-208-8039

Dark Skies' Compliance Acknowledgement
Town of Riverhead Lighting Ordinance Chapter 108-246

Property Owner

Property Address

Suffolk County Tax Map Number: 0600-_____-_____-_____

Permit No. ZB _____

I, _____, New York 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 New York State Electrician's License; and

I am the homeowner; and

That the Outdoor Lighting installation is complete, that said installation conforms to the provisions of Chapter 108-246 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)