



Town of Riverhead Building Department

201 Howell Avenue, Riverhead, New York 11901

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

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Leroy E. Barnes, Jr.

Building Department Administrator

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Building Permits Coordinator

Richard P. Podlas

Building Inspector

Richard E. Gadzinski

Electrical Inspector

Jack Wherry

Inspector

Mark Griffin

Inspector

www.Riverheadli.com

Requirements for Bulkheading Permit

1. Two (2) page Building Permit Application to be completely filled out (signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Electrical Application (signed and notarized);
4. Three (3) surveys showing location of project on premises;
5. Two (2) sets of construction plans of the proposed bulk heading, signed or sealed plans may be required;
6. D.E.C. Permits shall be required for any construction activity within the regulated area of 300 ft. prior to the issuance of a Town of Riverhead Building Department permit;
7. Chapter 12 (CZM) Permits shall be required for any construction activity within the regulated area of 50 ft. from the bluff line seaward, prior to the issuance of a Town of Riverhead Building Department permit;
7. Conservation Advisory Committee approval is required for any construction activity within the regulated area of 150 ft adjacent to the Peconic Bay, any wetlands, creeks, or Creek Road, Wading River;
8. Application fee is \$100;
9. Processing of application begins when fee is paid.

Read this document carefully.



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 TRIPLICATE, 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)

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 sworn, deposes and says: (Type of Permit)

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 Town, and: (Name of Relative)

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 that 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

SCTM# _____ ZB# _____ Electrical License No. _____

Application for Electrical Inspection Town of Riverhead

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

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: