



## **Town of Riverhead Building Department**

201 Howell Avenue, Riverhead, New York 11901

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

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*

### **Requirements for a Commercial Building Permit**

1. Commercial Building Permit Application (signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Electrical Application (signed, notarized and submitted with permit application);
4. Dark Skies Compliance Acknowledgment (signed and notarized);
5. Inspection and Certificate of Occupancy information sheet (signed and dated);
6. Three (3) surveys, one with Suffolk County Department of Health approval if required, showing location of project on premises;
7. Two (2) sets of building plans (signed and sealed by NYS licensed architect or engineer) must include square footage, estimated cost of construction, and height above grade of finished construction.
8. Proof of Liability Insurance and Worker's Compensation Insurance showing the property owner and property location. Commercial Construction must list the Town of Riverhead as the additional insured.
9. Fee is determined through review of estimated construction cost and submitted plans.
10. Plans and survey dimensions must comply with Chapter 52-6 (D);
11. PROCESSING OF APPLICATION BEGINS UPON RECEIPT OF REQUIRED FEES.
12. LIPA disconnect letter, asbestos certification and water disconnect letter are required for demolition work.
13. Sign permits and fire prevention permits are applied for separately.
14. Single and separate title search is required for nonconforming lots. effective 1/1/02
15. Copy of recorded covenants and restrictions (when applicable) effective 1/1/02
13. New York State Energy Conservation Construction Code calculations (when applicable)



# 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  
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 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. \_\_\_\_\_ 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 (3) days notice for inspections is necessary.

1. Foundation before backfill (must be damp proofed where applicable).
2. Under slab plumbing and perimeter insulation before slab is installed.
3. Framing and anchoring.
4. Strapping and sheathing.
5. Ice and weather shield protection.
6. Inspection of rough wiring by Electrical Inspector
7. Before insulation is applied rough wiring and plumbing (including air and water test) must be passed.
8. Insulation
9. Sheetrock (fire rated)
10. The final building and electrical inspections (All construction completed and ready for occupancy).

After the required inspections are made, a Certificate of Occupancy must be applied for. The following documents are required:

1. Final Survey (by licensed surveyor); if applicable
2. Electrical Certificate of Compliance
3. Suffolk County Department of Health Final Approval; if applicable
4. Plumbers Affidavit of Lead Free Solder
5. Owner's Affidavit of Final Floor area
6. Planning Department final sign off on site work and fee receipt; if applicable

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 commercial construction will require two (2) signatures; Building Inspector and Electrical Inspector. The Fire Marshal's Certificate of Compliance must be received by this department prior to the issuing the Certificate of Occupancy.

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.).

A Certificate of Occupancy will be issued after all final paperwork is submitted to this office. This process takes approximately three (3) business days.

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 (1) of the Town Code.

---

Signature (Owner, Owner's Agent, Contractor)

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

SCTM# \_\_\_\_\_ ZB# \_\_\_\_\_ Electrical License No. \_\_\_\_\_

### 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)