



Town of Riverhead Building Department
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THE FOLLOWING ITEMS ARE REQUIRED FOR A DUMPSTER AND/OR ENCLOSURE PERMIT

A fee of \$100.00 per Dumpster and/or Enclosure made payable to Town of Riverhead.

1. Three (3) copies of a drawing of the Dumpster and/or Enclosure. The drawing **MUST** be professionally executed, drawn to a uniform scale, and contain at least the following information;
 - a. Color chips provided;
 - b. Materials of the dumpster enclosure and related attachments;
 - c. Overall size (width and height);
2. Building relating to dumpster and/or enclosure:
 - a. Specific location of the proposed dumpster and/or enclosure from the building.
 - b. A color photograph of the entire building.
3. Dumpster and/or enclosure:
 - a. Three (3) surveys indicating the proposed location of the dumpster and/or enclosure; **(dumpster and/or enclosure must be located 10 feet from any building and 10 feet from adjoining property lines);**
 - b. Photos of all existing dumpster and/or enclosures that are presently on the property;

INSTRUCTIONS

- (1) The attached form must be completed in typed or printed in ink and submitted to the Building Department Town of Riverhead.
- (2) Two (2) copies of a layout or plot plan showing the actual dimensions of the lot or parcel of land upon which the Dumpster and/or Enclosure is to be erected, the exact size and location on the lot or parcel, of the Dumpster and/or Enclosure being erected shall be submitted with this application.
- (3) The layout or plot plan need not be to scale and shall be clearly drawn on a piece of paper not less than 8 ½ X 11" and may be drawn in pencil.
- (4) On the layout or plot plan, the following must be shown;
 - a. The dimensions of the plot or parcel.
 - b. The name of adjacent street(s) and/or the names of adjacent owners.
 - c. An arrow indicating North.
 - d. The location of the Dumpster and/or Enclosure with relation to the front and side yards of the plot or parcel.
 - e. The dimension of the Dumpster and/or Enclosure and a rough sketch of the Dumpster and/or Enclosure of same.
- (5) All necessary data to compare the application, together with the layout or plot plan, with the requirements for the Zoning Ordinance must be furnished.
- (6) Upon approval of this application, the Building Inspector will issue a Zoning Permit to the applicant. It shall be required that the number of the permit be shown on the Dumpster and/or Enclosure for identification purposes, in numerals at *least* two (2) inches in height, prominently and permanently on or affixed to the face of the Dumpster Enclosure there on.

APPLICATION
FOR DUMPSTER AND/OR
ENCLOSURE PERMIT
Town of Riverhead
Suffolk County, New York

_____ has submitted papers for a Dumpster and/or Enclosure permit, dated _____.

No dumpster and/or enclosure can be erected until the architectural review board and the building department approvals are obtained and a dumpster and/or enclosure permit is issued. It is advisable not to order your dumpster and/or enclosure until all approvals are obtained.

Name *Date*

§ 98-8. Dumpsters.

All dumpsters shall be fully enclosed by an appropriate screening enclosure of no less than (5) feet and no more than (6) feet in height. Said Dumpster shall be equipped with a lid and shall be of durable construction. Said lid shall be closed and locked when not physically in use. In addition, the fence enclosure shall meet all of the fence specifications as set forth by the Riverhead Town Architectural Review Board. All enclosures will remain in working condition and must function properly at all times. All dumpsters in use before the effective date of this chapter shall be in compliance with said specifications set forth within six (6) months of the effective date of this chapter. Site Plan review may be waived if enclosure meets all requirements set forth by the Architectural Review Board.

**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
(Type of Permit)

duly 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 Town,
(Name of Relative)
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



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)