



**TOWN OF RIVERHEAD
BUILDING DEPARTMENT**

201 Howell Avenue
Riverhead, NY 11901

www.riverheadli.com

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

MANUFACTURED AND MOBILE HOMES PERMIT REQUIREMENTS

Please note that most of the following forms must be signed and notarized:

1. Two page Building Permit application, signed and notarized;
2. Disclosure affidavit, signed and notarize;
3. Electrical Application, signed, notarized and submitted with permit application;
4. Three (3) surveys of premises; one (1) with Suffolk County Health Department approval (when applicable);
5. Two (2) sets of plans of the mobile home or Manufactures specs., showing New York State design professional stamp and improvements;
6. Relocations of mobile homes fabricated prior to June 15, 1976 require, a signed seal and signature of a New York State licensed architect or engineer certifying that the mobile home is strictly sound and free of heating and electrical systems hazard;
7. Mobile homes fabricated after June 15, 1976 must comply with Appendix RE of the NYS Building Code titled "Manufactured housing used as dwellings"
8. Unit plans and survey dimensions must comply with Chapter 52-6 (D)
9. Mobile homes located in a mobile home park must comply with Chapter 79 of the Riverhead Town Code;
10. Review of the permit commences when fees are received;
11. 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)
12. Fee is determined by unit or construction cost;



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)

Town of Riverhead
Building Department

ZB NO. _____ 4 MONTH EXP. _____ 18 MONTH EXP. _____

INSPECTION AND CERTIFICATE OF OCCUPANCY INFORMATION SHEET FOR MANUFACTURED HOMES

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 eighteen (18) months.

TWO INSPECTIONS ARE REQUIRED: (72 HOURS NOTICE REQUIRED FOR INSPECTIONS)

1st Inspection: Foundation and/or anchor plan to be approved and/or inspected prior to installation;

2nd Inspection: After Manufactured home is installed, electrical Inspection is required.
Do not install skirting until inspected and approved;

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

- **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)**

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.

No building hereafter enlarged, extended or altered or upon which work has been performed which required the issuance of a building permit shall continue to be occupied or used for more than 30 days after the completion of the alteration or work unless a certificate of occupancy shall have been issued by the Building Inspector in addition to any which may be required under the Zoning Ordinance of the Town of Riverhead.

All debris created by land clearing and during construction must be removed from the property. No debris 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.

Signature (Owner, Owner's Agent, Contractor)

Dated

**READ THIS DOCUMENT CAREFULLY
YOU MAY CONSULT YOUR ATTORNEY BEFORE COMPLETING.**

DISCLOSURE AFFIDAVIT

*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.*

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)

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 ELECTRICAL INSPECTION

Town of Riverhead

Building Department

201 Howell Avenue, Riverhead, NY 11901

(631) 727-3200 Ext.268 or 283 or Fax (631) 208-8039

Tax Map #

Section

Block

Lot

Receipt No. _____

Date ____/____/____

Service Cert. No. _____

ZB#: _____

Electrical License No. _____

Fee: \$ _____

Service Code _____

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):

Name of Contractor responsible for electrical installation:

First name

Last name

Business Name

Street No.

Street Name

Town

State

Zip

Phone Number (____) _____

Fax Number (____) _____

Cellular Number (____) _____

Character of Work

Premise Use:

Service Upgrade

New

Interior

Residential

Size amps: _____

Old

Exterior

Commercial

Exposed

Industrial

Concealed

NOTE: CONTRACTOR OR HOME OWNER MUST CALL THIS OFFICE FOR INSPECTIONS

Date:	Time:	Remarks:
____/____/____	____ am <input type="checkbox"/> pm <input type="checkbox"/>	
____/____/____	____ am <input type="checkbox"/> pm <input type="checkbox"/>	
____/____/____	____ am <input type="checkbox"/> pm <input type="checkbox"/>	

Service Information:

Temp Requested

Size of Mains: _____ Feeders: _____

Service Enters Building: Overhead Underground

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 named above.

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 me before this _____ day

of _____,

Signature of Electrician _____

(Notary Public, Suffolk County, New York)

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 _____

Property Address: _____

Phone Number: _____

Sworn to before me this _____ day

of _____, 20_____

Notary Public