



Town of Riverhead Building Department

201 Howell Avenue, Riverhead, New York 11901

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Leroy E. Barnes, Jr.

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Building Inspector

Richard E. Gadzinski

Electrical Inspector

Jack Wherry

Inspector

Mark Griffin

Inspector

Use Permit Application ***No Alteration to Building***

1. Two (2) page Building Permit application.
2. Copy of the front page of the executed lease.
3. Disclosure Affidavit (signed and notarize).
4. Three (3) surveys showing the location of project on premise; with a description of the proposed use area.
Example: first floor, second floor, front section of a building, etc.
5. Two (2) Floor Plan sketches drawn to scale detailing all fixtures.
6. Fee for a Use Permit is \$100.00.

******* If There Will Be Any Alterations Performed To This Structure, A Separate Building Permit Application And Fee Will Be Required. *******



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

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

Pool Specifications (if applicable)

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> In-Ground | <input type="checkbox"/> Above Ground | <input type="checkbox"/> Hot Tub / SPA |
| <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Propane | <input type="checkbox"/> Natural Gas |
| | | <input type="checkbox"/> 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