



Town of Riverhead Building Department

201 Howell Avenue, Riverhead, New York 11901

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

Fax: 631-208-8039

www.townofriverheadny.gov

DEMOLITION PERMIT APPLICATION

1. Two (2) page Building Permit Application (signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Inspection acknowledgment checklist;
4. Contractor's 3 Proofs of Insurance; Liability (Acord form, 2M/1M min.), Workers' Compensation (C-105.2 form), & Disability (DB 120.1 form). Forms shall show the property owner and property location, and list the Town of Riverhead as the additional insured/contract holder;
5. Two (2) surveys depicting all structures to be demolished;
6. Suffolk County Department of Health Services approved survey, if applicable;
7. Disconnect letter from the Electric Utility, if applicable;
8. Disconnect letter from the Riverhead Water District, if applicable;
9. Disconnect letter from the Riverhead Sewer District, if applicable. Sewer District requires contact from the applicant on the date of demolition;
10. An asbestos abatement letter is required pursuant to Section 241.10 of the NYS Labor Law;
11. Proof of title or Owner's Affidavit;
12. Fees are \$60.00 per structure up to 1,000 square feet and \$95.00 per structure over 1,000 square feet and are **non-refundable per §52-10 (16)**;

Please note: The processing of application begins when all applicable forms are received and the fee is paid.



APPLICATION FOR BUILDING & ZONING PERMIT

201 Howell Avenue, Riverhead, New York 11901
631-727-3200 ext. 213, 268 and 283 Fax: 208-8039

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Tax Map # _____ - _____ - _____

Application No. _____ Date _____ Permit No. _____ Receipt _____

Approved by _____ Zoning District _____ Building Fee \$ _____ Electrical Fee \$ _____

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

Mailing Address Town State Zip

Phone Contact Fax Email Address

CONTACT PERSON (if different from owner) The person responsible for the supervision of the work insofar as the Building Code and the Zoning Ordinance apply is:

First Name Last Name

Mailing Address Town State Zip

Phone Contact Fax Email Address

- | | |
|---|---|
| <input type="checkbox"/> Residential - Estimated cost of proposed construction \$ _____ | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Commercial - Estimated cost of proposed construction \$ _____ | <input type="checkbox"/> _____ Car Attached/Detached Garage |
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> New Commercial Structure |
| <input type="checkbox"/> Manufactured/Modular Home | <input type="checkbox"/> Bulkhead/ Dock |
| <input type="checkbox"/> Excavation/Land clearing: approx _____ cu.yds. removed | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Agricultural Worker Housing |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Use Permit _____ |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Miscellaneous _____ |

Pool Specifications (if applicable)

- | | | | |
|------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> In ground | <input type="checkbox"/> Above ground | <input type="checkbox"/> Hot tub/spa | <input type="checkbox"/> Heater _____ |
| | | | Electric/Gas |

APPLICATION FOR BUILDING & ZONING PERMIT

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 property, the location and setbacks of proposed buildings and existing buildings. Show proposed buildings in dotted lines and existing buildings in a solid line. All distances are measured from property line to nearest part of building. **All work must be in compliance with the Building Code of New York State.**

Existing building type/use _____ Proposed building _____ sq. ft. Garage _____ sq. ft.

Existing building _____ sq. ft. Proposed addition _____ sq. ft. Number of Bedrooms _____

Existing Floor 1 _____ sq. ft. Proposed Floor 1 add _____ sq. ft. Height _____ ft.

Existing Floor 2 _____ sq. ft. Proposed Floor 2 add _____ sq. ft. Impervious surface _____ %

Electrician: _____ License # _____

Mailing Address _____ Town _____ State _____ Zip _____

Plumber: _____ License# _____

Mailing Address _____ Town _____ State _____ Zip _____

Contractor: _____ License# _____

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, 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 be before this _____ day
of _____ 20 _____

Signature _____
Owner, Agent or 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
(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)
Town, 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

Town of Riverhead Building Department

ZB NO. _____

SCTM# . _____

INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET

Inspections must be made by the building department within four (4) months of the issuance of a demolition permit. It is the responsibility of the applicant, owner, or contractor to request inspections from the Building Department. Demolition must be completed and Certificate of Compliance must be obtained within six (6) months, or the permit may need to be renewed.

The following inspections are required. **Three day notice for inspections is necessary.**

1st Inspection: Building and debris removed, prior to backfill

2nd Inspection: Post backfill, graded and stabilized

After the required inspections are made, a Certificate of Compliance may be issued. The following documents are required to be submitted after all of the work is complete:

- Satisfaction letter from the Riverhead Sewer District, if applicable
- Suffolk County Health Department Approval, if applicable

The Certificate of Compliance will be issued after a processing period of at least seventy-two (72) hours from the time all of the required documents are submitted to this office.

ALL DEBRIS CREATED BY DEMOLITION MUST BE REMOVED FROM THE PROPERTY. NO DEBRIS IS TO BE USED IN BACKFILL OR TO BE BURIED.

Permit fees are nonrefundable per Town of Riverhead Code 52-10 D (16).

The person responsible for this site must call in for all inspections listed above.

Signature: _____ **Date:** _____