



## **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](http://www.townofriverheadny.gov)

### **RESIDENTIAL POOL 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. Electrical Application (signed and notarized);
6. Two (2) complete sets of Building Plans, in compliance with Chapter 52-6, including all equipment specifications and barrier details. Please submit one (1) additional digital version, if possible;
7. Two (2) surveys, one with Health Department Approval when required, showing location of project **and existing and/or proposed sanitary facilities** on premises;
8. Approvals from other agencies having jurisdiction, if applicable (i.e. Department of Environmental Conservation, Conservation Advisory Council, Chapter 12, etc.);
9. Copy of recorded Covenants and Restrictions, if applicable;
10. Fee is determined in accordance with Chapter 52 of the Town Code 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.**

**POOL PERMITS ARE ONLY ACTIVE FOR FOUR (4) MONTHS**



# 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

**Property Location of Proposed Work**

**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

Residential - Estimated cost of proposed construction \$ \_\_\_\_\_

Deck

Commercial - Estimated cost of proposed construction \$ \_\_\_\_\_

\_\_\_\_\_ Car Attached/Detached Garage

Single Family Residence

New Commercial Structure

Manufactured/Modular Home

Bulkhead/ Dock

Excavation/Land clearing: approx \_\_\_\_\_ cu.yds. removed

Demolition

Addition

Agricultural Worker Housing

Alteration

Condominium

Accessory Structure

Use Permit \_\_\_\_\_

Swimming Pool

Miscellaneous \_\_\_\_\_

Pool Specifications (if applicable)

In ground

Above ground

Hot tub/spa

Heater \_\_\_\_\_

Electric/Gas



**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**

**The pool must be completed and a Certificate of Occupancy shall be applied for within four (4) months of the issuance of the permit, or the permit may need to be renewed**

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

- 1<sup>st</sup> Inspection: Pool walls, rebar for poured or sprayed walls, prior to backfill  
**Barriers must be installed upon excavation, whether permanent or temporary**
- 2<sup>nd</sup> Inspection: Underground electrical trenching and pool bonding
- 3<sup>rd</sup> Inspection: Final building, electrical, permanent barrier with self-closing gates, alarms

Site features may need additional inspections; i.e. drywells, grading, grade stabilization, etc.

After the required inspections are made, a Certificate of Occupancy must be issued prior to occupying the subject building(s). The following documents are required to be submitted after all of the work is complete:

- Final Survey (**prepared by a NYS Licensed Surveyor**) when applicable
- Electrical Certificate of Compliance (issued by the Town of Riverhead Electrical Inspector)

**No pool may be used or occupied in whole or in part, until a Certificate of Occupancy shall have been issued by the Building Inspector. The Certificate of Occupancy will be issued after a processing period of at least Seventy-two hours (72) from the time all of the required documents are submitted to this office.**

The owner/contractor is responsible for all drainage and flooding issues as provided by Section 52-6 (l) of the Town Code.

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:** \_\_\_\_\_  
Owner

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Contractor

**Date:** \_\_\_\_\_

SCTM# \_\_\_\_\_ ZB# \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_



**Application for Electrical Inspection**  
**Town of Riverhead**  
(631) 727-3200 Ext. 213, 268, 283  
Fax (631) 208-8039

Owner of Property: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Job: \_\_\_\_\_ Hamlet: \_\_\_\_\_

**Name of Contractor responsible for electrical installation:**

Business Name in full: \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Fax# \_\_\_\_\_

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 \_\_\_\_\_

**FOR OFFICE USE ONLY**

Request Date:	Inspection	Remarks: