



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

OCCUPANCY / USE PERMIT APPLICATION NO ALTERATIONS TO BUILDING & NO CHANGE OF OCCUPANCY CLASSIFICATION

1. Two (2) page Building Permit application;
Detailed project description must include previous use of space.
Example: First floor office space for John Q Financial Advisor, was previously Attorney's Office
2. Owner's Affidavit or copy of front page of executed lease;
3. Disclosure Affidavit (signed and notarized);
4. Two (2) Floor Plans drawn to scale detailing all fixtures for the building;
5. One survey of the property showing the location of project on premise, existing structures, and site improvements.
6. Fee is \$100 and is **non-refundable per §52-10 (16)**;
7. Inspections shall be scheduled as soon as possible with a Building Inspector and the Fire Marshal

This permit is NOT a Certificate of Occupancy.

Space shall not be used or occupied until inspections are approved and a Certificate of Compliance has been issued to you.

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



APPLICATION FOR BUILDING & ZONING PERMIT

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

www.townofriverheadny.gov

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

- | | |
|---|---|
| <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 |
|------------------------------------|---------------------------------------|--------------------------------------|---|

**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