



## **Town of Riverhead Building Department**

**4 W Second Street, Riverhead, New York 11901**

(631) 727-3200 Ext. 213

[www.townofriverheadny.gov](http://www.townofriverheadny.gov)

### **COMMERCIAL BUILDING PERMIT APPLICATION**

1. Building Permit Application attached (2 pages, signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Inspection acknowledgment checklist;
4. Contractor's 3 Proofs of Insurance; Liability (1M/2M 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 certificate holder;
5. Electrical Application, if applicable (signed and notarized)  
Please review Outdoor Lighting Code, §301-259;
6. Fire Prevention Construction Permit Application;
7. Planning Department Pre-Review Application;
8. Three (3) complete sets of Building Plans in compliance with §217-6 (2 for Bldg, 1 for FM), including COMcheck or equivalent. Please submit one (1) additional digital version, if possible;
9. Two (2) Plot Plans / Site Plans, with approval from the Planning Department, if applicable;
10. Two (2) surveys, one with Suffolk County Department of Health Services Approval showing location of project on premises, one with actual structures and site conditions;
11. Approvals from other agencies having jurisdiction, if applicable (i.e. SCDPW, NYDEC, NYDOT, Riverhead Highway, Water, Sewer, etc.)
12. Proof of title or Owner's Affidavit;
13. Copy of recorded Covenants and Restrictions, if applicable;
14. Fee is determined in accordance with Chapter 217 of the Town Code and is **non-refundable per §217-12**;



# APPLICATION FOR BUILDING & ZONING PERMIT

4 W Second Street, Riverhead, New York 11901

631-727-3200 ext. 213

[www.townofriverheadny.gov](http://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 to receive all correspondence including permit and associated certificate:

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

# 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# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 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 of not, and that such work and inspections are authorized by the owner.

Sworn to be before this \_\_\_\_\_ day \_\_\_\_\_ Signature \_\_\_\_\_  
of \_\_\_\_\_ 20 \_\_\_\_\_ 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, dependent 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# \_\_\_\_\_

## COMMERCIAL INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET

Inspections must be made by the building department within four (4) months of the issuance of a building permit. It is the responsibility of the applicant, owner, or contractor to request inspections from the Building Department. Construction must be completed and certificate of occupancy must be obtained within twelve (12) months, or the permit may need to be renewed.

**NOTE: AFTER THE FOUNDATION IS POURED OR PILINGS ARE INSTALLED, AND PRIOR TO THE START OF FRAMING, A FLOOD ELEVATION CERTIFICATE IS REQUIRED FOR WORK WITHIN FLOODPLAIN.**

The following inspections are required. **ONE WEEK notice for inspections is necessary.**

- 1<sup>st</sup> Inspection: Footing reinforcement or pier excavation prior to pour
- 2<sup>nd</sup> Inspection: Footing keyway with foundation wall reinforcement and dowels into existing
- 3<sup>rd</sup> Inspection: Foundation before backfill (must be damp proofed where applicable)
- 4<sup>th</sup> Inspection: Under slab plumbing, perimeter insulation, and slab preparation before slab is poured.
- 5<sup>th</sup> Inspection: Framing, Sheathing & Strapping prior to housewrap (if strapped under sheathing, separate sheathing inspection req'd)
- 6<sup>th</sup> Inspection: Rough plumbing; air and/or water test may be required
- 7<sup>th</sup> Inspection: Rough electric
- 8<sup>th</sup> Inspection: Insulation and draft stopping; must be weather tight
- 9<sup>th</sup> Inspection: Final building, plumbing, electrical inspections; all construction completed and ready for occupancy

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 with Suffolk County Department of Health Services Approval, if applicable
- ☐ Electrical Certificate of Compliance with Dark Skies Acknowledgement, if applicable
- ☐ Fire Marshal Certificate of Compliance
- ☐ Planning Department Approval, if applicable
- ☐ Plumbers Affidavit, if applicable
- ☐ Final Floor Affidavit, if applicable
- ☐ Approvals from all agencies having jurisdiction (Highway, Water, Sewer, SCDPW, NYSDOT, etc.)

- 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. (All new construction)

- No building enlarged, extended or altered, or upon which work has been performed, which required a building permit, shall be occupied or used more than thirty (30) days after completion, unless a Certificate of Occupancy shall have been issued by the Building Inspector. (All additions, alterations, etc.)

- All debris created by land clearing and during construction must be removed from the property. No debris is to be used in backfill of footings and foundation or is to be buried.

**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.**

**Pursuant to Chapter 217-12 (G): The Building Inspector may charge a duplicate inspection fee for any inspection that must be repeated due to the failure of the applicant to meet the inspection criteria. The duplicate inspection fee for residential properties shall be \$200. The duplicate inspection fee for commercial properties shall be \$350. In addition, each missed inspection shall be considered a failed inspection and a fee shall be charged. If foundations are poured without the rebar being seen then we reserve the right to require third party imaging certification.**

**The owner/contractor is responsible for all drainage and flooding issues as provided by §217-6 (k) of the Town Code.**

**Permit fees are nonrefundable per Town of Riverhead Code §217-12 D(17).**

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

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

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



**Application for Electrical Permit**  
**Town of Riverhead**  
(631) 727-3200 Ext. 213

**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#** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**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 217 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:

# TOWN OF RIVERHEAD ~ OFFICE OF THE FIRE MARSHAL

4 West Second Street, Riverhead New York 11901 (631) 727-3200 ext. 601

## CONSTRUCTION PERMIT APPLICATION

**TO BE SUBMITTED WITH:** ONE (1) SET OF STAMPED/SEALED BUILDING CONSTRUCTION PLANS AND  
**APPLICATION FEE:**

under 10,000 sq. ft. - **\$300**

10,001- 20,000 sq. ft. - **\$600**

20,001-40,000 sq. ft. - **\$800**

40,001 – 60,000 sq. ft. - **\$1000**

60,001- 80,000 sq. ft. - **\$1,200**

80,001 – 100,000 sq. ft. - **\$2000**

Over 100,000 sq. ft add **\$.05 per sq ft**

Date of Application: \_\_\_\_\_

Tax Map No. \_\_\_\_\_  
(Office Use Only)

**TOR** Permit No. \_\_\_\_\_  
(Office Use Only)

**New Construction:** ☐ **Alteration:** ☐

**Address of Construction/Alteration** \_\_\_\_\_

**Business Name of Building / Occupant** \_\_\_\_\_

**Type of Building Occupancy (Specify from NYS Building Code)** \_\_\_\_\_

**Description of work to be performed:** \_\_\_\_\_

\_\_\_\_\_

**Do you plan to install a Fire Alarm System?** ☐Yes ☐No

**Fire Sprinkler System?** ☐Yes ☐No

**Property Owner Name:** \_\_\_\_\_

**Is Property Owner the Applicant?** ☐ Yes ☐ No **Daytime Phone No:** \_\_\_\_\_

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

**Applicant Information** *(to whom permit is to be issued to)\**

**Name:** \_\_\_\_\_

**Mailing Address of Applicant:** \_\_\_\_\_

**Name & Number of Contact Person for Additional information:**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**SIGNATURE OF APPLICANT**

*The accuracy of the information, plans, diagrams and facts submitted in conjunction with this application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.*

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*PLEASE ALLOW A MINIMUM OF 2 – 4 WEEKS FOR REVIEW PROCESS\***



## TOWN OF RIVERHEAD

### Building Department

4 W Second Street, Riverhead, New York 11901

(631) 727-3200 x 213

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# **COMMERCIAL** **PLANNING PRE-REVIEW APPLICATION**

DATE: \_\_\_\_\_

Tax Map # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

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### PROJECT INVOLVES (Check All That Apply)

- ☐ Façade Improvements
- ☐ Site Improvements - Paving, Parking, Access, Drainage, etc.
- ☐ Change of Use (Describe Proposed Use Above)
- ☐ Interior Alteration Only with No Site Improvements
- ☐ Other \_\_\_\_\_

## **PLANNING DEPARTMENT USE ONLY**

DATE: \_\_\_\_\_

CURRENT ZONING USE DISTRICT: \_\_\_\_\_

LAST LAWFULL OCCUPANCY: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

SITE PLAN REQUIRED:            YES            NO

APPROVED TO PROCEED TO BUILDING DEPARTMENT:            YES            NO

REVIEWED BY: \_\_\_\_\_ (PLANNING DEPARTMENT)