



Town of Riverhead Building Department

4 W Second Street, Riverhead, New York 11901

(631) 727-3200 Ext. 213

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

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 _____

<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# _____

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

Sworn to be before this _____ day

Signature _____

Owner, Agent or Architect

of _____ 20 _____

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.

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



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. _____ **TOR** Permit No. _____
(Office Use Only) (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

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COMMERCIAL

PLANNING PRE-REVIEW APPLICATION

DATE: _____

Tax Map # _____ - _____ - _____

PROPERTY ADDRESS: _____

PROJECT DESCRIPTION: _____

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)**