



## **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)

### **EXCAVATION PERMIT/EXEMPTION APPLICATION**

*Before any excavation, exportation or importation is commenced for any purpose other than those exempted in § 229-4 (A), (B) and (C) of this chapter, the owner, lessee or agent of the premises shall obtain a written permit therefore from the Town Board of the Town of Riverhead. For that purpose, such owner, lessee or agent shall file this application with the Building Inspector of the Town of Riverhead pursuant to Chapter 229 of the Riverhead Town Code.*

☐ § 229-3 Town Board Permit

☐ § 229-4 (B) (1) (2) Exemption from Town Board  
Dredging Navigable Waterways or  
Agricultural Production Pursuant to 108-3TC

☐ § 229-4 (C) (1) (2) Exemption from Building Administrator  
Construction of Single Family Dwelling/Accessory  
Uses or Soil Boring Samples

1. Two (2) page Building Permit Application (signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. 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;
4. Three (3) plans prepared by a New York State Licensed Engineer indicating approximate volume of material to be exported/imported and depicting areas of clearing, excavation, stockpiling, abutting elevations, erosion controls;
5. Copy of the Town Board approval resolution, if applicable;
6. Copy of the Site Plan as approved by the Planning Board, if applicable;
7. Copy of recorded Covenant and Restrictions, if applicable;
8. Approvals from other agencies having jurisdiction, if applicable (i.e. Conservation Advisory Council, Riverhead Highway, SCDPW, NYSDEC, NYSDOT, NYAG&M, etc.);
9. Fee is \$100 PLUS \$2.00 per cubic yard of earthen material to be exported / imported and is **non-refundable per §217-12**;

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



# APPLICATION FOR BUILDING & ZONING PERMIT

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631-727-3200 ext. 213

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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 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# \_\_\_\_\_

## 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, 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