

# TOWN OF RIVERHEAD ~ OFFICE OF THE FIRE MARSHAL

201 Howell Avenue, 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. - **\$100** 10,000 sq. ft. and over - **\$150**  
(TRUSS CONSTRUCTION) ADDITIONAL **\$50**

*If the building will utilize truss construction, please describe construction type (ex: Type Vb)  
and where the truss system will be located (ex: roof, floor, roof & floor) \_\_\_\_\_*

Date of Application: \_\_\_\_\_ Tax Map No. \_\_\_\_\_ 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\***