

CHAUTAUQUA COUNTY, NEW YORK

TOWN OF ELLERY

APPLICATION FOR BUILDING AND ZONING PERMIT

Applicant _____ Fee Paid _____
Address _____ Permit # _____
_____ Date _____
_____ Signed _____
Phone _____ Application Date _____ Application # _____
Approved _____ Disapproved _____

Zoning: Variance Required? _____ Special Use Permit? _____
Site Plan Review _____ Date _____
Zoning Board Approval/ Disapproval _____ Date _____
Other Board Approval/ Disapproval _____ Date _____

Inspections Required for Certificate of Occupancy
(signed by inspector)

Foundation	_____	Date	_____
Framing	_____	Date	_____
Plumbing	_____	Date	_____
Electrical	_____	Date	_____
Well/Septic	_____	Date	_____
Site Plan Inspection	_____	Date	_____
Final	_____	Date	_____

Health Department Review Required? _____
Date Completed _____

Certificate of Occupancy # _____ Date _____
Certificate of Compliance # _____ Date _____

Name _____ Address _____ Permit No. _____
Approved _____ Disapproved _____ Date Issued _____
Permit for _____
Location _____ Section _____ Block _____ Lot _____

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Note- No permit for new construction will be issued unless this application is properly filled out. At least two sets of plans, specifications, and a plot plan (see page four) must be submitted with this application.

INSTRUCTIONS

1. This application is to be filled out by typing or printing and must be submitted to the Building and Zoning Officers of the Town of Ellery.
2. The work covered by this application shall not be commenced before issuance of a Building Permit by the Building and Zoning Officers.
3. Upon approval of this application, a Building Permit will be issued to the applicant by the Building and Zoning Officers. The Building Permit shall be posted upon the premises in a conspicuous place so as to be visible from the street throughout the period of construction.
4. No structure or use for which a Building Permit has been issued shall be occupied or used in whole or in part upon completion for any purpose until a Certificate of Occupancy shall have been granted by the Building Code Enforcement Officer.

Owner (if different from applicant)

Name _____
Address _____

Contractor _____
Address _____

Phone _____

Phone _____

Certificates Received? _____ General Liability
_____ Workers' Compensation _____ Disability

Insurance Company Name _____ # _____
(Last two types not required for sole proprietorships or partnerships without employees)

Architect/Engineer Stamp Required? _____ Name _____

Electrician _____ Plumber _____

STATE OF NEW YORK

AFFIDAVIT

SS:

CHAUTAUQUA COUNTY

I swear that to the best of knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes and Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner. I acknowledge that zoning code information relating to applicant's district has been received.

Signature of Owner _____
(Architect, Contractor, Owner,)

Date _____

Construction Information

New Construction _____ Addition _____ Alteration _____

Other (please explain) _____

Location _____
(Street number and name)

Tax Map: Section _____ Block _____ Lot _____

Size of Lot _____x_____x_____x_____ Zoning District _____

Cost of Project _____ Size (Square Feet) _____ # of Families _____

Date Work to Start _____ Date of Completion (Approximate) _____

Building Type _____

Intended Use _____

Foundation Type _____ Roof Material _____

Exterior Walls _____ Interior Walls _____

Heating Facilities _____ Chimney Construction _____

Water Source: Well _____ Municipal _____ Engineer's Stamp: _____ Fee Paid _____

Sewage Disposal: Public _____ Private _____ Perc _____ Fee Paid _____

Driveway Required? _____ Date _____ Highway Sup. _____

Parking Lot Permit _____ Sign _____

Is This Property Located In A Flood Plain? _____

If Mobile/Double-wide, HUD _____ NYS _____

Model Number _____ Serial Number _____ Year _____

State Permits Required?

SEQRA _____ Wetlands _____ Stormwater Management _____

Right-of-way Permit _____ Easement _____ UFPO # _____

UFPO - IT'S THE LAW!
CALL BEFORE YOU DIG
1-800-962-7962

REQUIRED SITE PLAN DRAWING

This page shall be used for the drawing of a plot plan for all major construction and additions and in such other cases as the Code Enforcement Officer deems necessary.

The plot plan shall show the location and size of the lot, locations and sizes of buildings and structures upon the premises (both existing and proposed) and their relationship to adjoining properties, public streets and any buildings within 10 feet of the boundary line.

Locate and label clearly and distinctly all building and structures, show widths and depths of all yards, show names of all streets and indicate north with an arrow.

SHOW DISTANCE FROM ANY BUILDING TO SIDE, FRONT AND REAR LOT LINES
SHOW DISTANCE BETWEEN ANY BUILDINGS *(Use additional sheet if necessary.)*

Rear width of lot: _____ ft.

Left side depth of lot: _____ ft.

Right side depth of lot: _____ ft.

Front width of lot: _____ ft.

STREET

PERMIT CONDITIONS

1. The building permit placard **MUST** be placed in a conspicuous location on the building site until construction is complete and a Certificate of Occupancy/Compliance is issued. A copy of all approved construction plans shall also be kept on site at all times and available for inspection.
2. Any deviation from the original approved plans shall require submittal of new drawings showing all proposed changes and approval by the Code Enforcement Officer.
3. Required inspections are as follows:
 - a. Footings and Post Holes with rebar in trench – before concrete is poured
 - b. Foundation Walls with rebar in place – before concrete is poured and before back fill
 - c. Underground Plumbing
 - d. Rough Framing
 - e. Electrical, Plumbing and HVAC rough in before insulation
 - f. ~~Insulation~~ before covering
 - g. Final Inspection when required work is completedAll electrical work must be inspected by a licensed electric inspector approved by this office.

FAILURE TO CALL FOR ANY REQUIRED INSPECTION MAY RESULT IN A STOP WORK ORDER BEING ISSUED AND/OR REMOVAL OF ANY WORK THAT WAS COVERED.

4. No work shall be started prior to the issuance of the Building Permit.
5. No building shall be occupied or used in whole or part for any purpose until a final inspection has been performed and a Certificate of Occupancy/Compliance has been issued by the Code Enforcement Officer.

INSURANCE REQUIREMENTS in accordance with Workers' Compensation Law §57 and §220(8)

All permit applications require the following New York State Workers' Compensation Board documents be submitted prior to approval of a building permit:

BP-1 Form – This form may be submitted if YOU ARE THE OWNER of a 1, 2, 3 or 4 family, owner occupied residence and meet one of the following criteria:

- You are performing all the work for which the building permit will be issued
- You will not be hiring, paying or compensating in any way, the individual(s) that will be performing all of the work for which the building permit will be issued or helping you perform such work.
- You have a homeowners insurance policy that is currently in effect and covers the property listed on the building permit AND you will be hiring individuals(s) a total of less than 40 hours per week (aggregate hours for all paid individuals on the job site) for which the building permit will be issued.

Forms may be obtained in the permit office or printed at www.wcb.state.ny.us.

-OR-

CE-200 Form – If a contractor has been hired and he/she is doing the work as a sole proprietor or a partnership and has no employees, form CE-200 must be filed for each project. A current copy of the contractor's Liability Insurance must also be submitted with the permit application naming the Town of Ellery as the Certificate Holder. (This does not apply to Subcontractors) This form can be completed and printed at www.wcb.state.ny.us or by calling (866)546-9322. (OVER)