CHAUTAUQUA COU	NTY, NEW YORK	* Locati	* Permit for	* Approved	* Name
(CITY, TOWN, VILLAGE)	OF:	_ 음 	<u>S</u>	ved	
INFORMATION FOR BUILDIN Building Permit Fees A					
*Applicant	Fee Paid			!	·
* Address	Permit#				
	* Date				7.4.
t Phone	Signed				* >
Application Date	Application #				Address
Approved Disapproved			1	ב מ ע	(A)
Zoning: Variance Required? Site Plan Review Zoning Board Approval/ Disapprova Other Board Approval/ Disapprova	Date val Date Date	*Section			•
(signed by inspector) Foundation Framing Plumbing Electrical Well/Septic Site Plan Inspection Final  Health Department Review Required?  Date Completed	Date Date Date Date Date Date Date Date	Block			Pemit No.
	Date				

<sup>\*</sup> Must Be Filled In

#### HALITALIOUA COUNTY, NEW YORK

(CITY, TOWN, VILLAGE) OF _	
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### APPLICATION FOR BUILDING AND ZONING PERMIT

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

	١.	This application is to be filled out by typing or printing and must be submitted to the Building and Zoning Officer of the of
	2.	The work covered by this application shall not be commenced before issuance of a Building Permit by the Building and Zoning Officer.
,	3.	Upon approval of this application, a Building Permit will be issued to the applicant by the Building and Zoning Officer. 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 and Zoning Officer.
秀	Na	mer (if different from applicant)  me
	Ph	one Phone
		ertificates Received? General Liability Workers' Compensation Disability
	ln: (La	surance Company Name ##  st two types not required for sole proprietorships or partnerships without employees)
•	Ar	chitect/Engineer Stamp Required? Name
	El	ectrician Plumber AFFIDAVIT
	ST	ATE OF NEW YORK  SS:
	tog wo an the	IAUTAUQUA COUNTY  I swear that to the best of knowledge and belief the statements contained in this application, I swear that to the best of knowledge and belief the statements contained in this application, jether with the plans and specifications submitted, are a true and complete statement of all proposed in the belief the Building Codes and Zoning Code into the described premises and that all provisions of the Building Codes and Zoning Code and Zoning Code information relating to at such work is authorized by the owner. I acknowledge that zoning code information relating to plicant's district has been received.
	Si	gnature of Owner Date
		· ·
	S∀	vorn before me this day of, 20
	•	NOTARY PUBLIC

# Construction Information

New Construction Addition Alteration
Other (please explain)
* Location'(Street number and name)
* Tax Map: Section Block Lot
Size of Lotxx 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 Flood Plain
If Mobile/Double-wide, HUD NYS NYS 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

# \* PLOT PLAN

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istanc	e from	buildir	ng to ea	ich side lot OM BUILD	line:	; fe	et.	•		•	- r
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