

(TOWN) of _____

APPLICATION FOR BUILDING AND ZONING PERMIT

APPLICANT NAME _____
MAILING ADDRESS _____
PHONE _____
TAX SECTION _____ BLOCK _____ LOT _____
APPLICATION DATE _____

Note: No permit for new construction will be issued unless this application is properly filled out. One set of plans, specifications, and a plot plan must be submitted with this application.

INSTRUCTIONS

1. This application is to be filled out by typing or printing and must be submitted with proper fee to the Building and Zoning Officer of the Town of New Albion or Village of Cattaraugus.
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.
5. The cost of construction is the cost of materials plus the cost of labor regardless of who is doing the work.
6. A statement of plan for the Cattaraugus County Health Department must accompany this application if septic is to be installed.
7. If a zoning permit is necessary, it should be part of your application.
8. Several inspections are required and are listed in the permit.
9. All work must comply with the New York State Building Code Rules & Regulations.
10. Due to the time necessary for review, a permit may not be issued immediately, but within a reasonable amount of time.
11. Any deviation of work from the approved plans must be approved by the building inspector. Additional work beyond the plans will require a new permit and fee.
12. The affidavit must be completed and must be signed in the presence of a notary.
13. Permit will expire 12 months after date of issuance.
14. Submission of proof for workman's compensation must be submitted by your contractor before a permit can be issued. Please see attached copy of required proof.

PERMIT FEES

Minimum:	\$50.00	Special Use Permit	\$100.00
Demolitions:	\$50.00	Variance	\$100.00
Deck/Porch/Fence:	\$50.00	Surcharge for Building w/o Permit	\$150.00
Swimming Pool:	\$50.00	Telecommunications:	
Wood Stoves/Chimneys	\$50.00	Application:	\$5,000.00
New Construction:		Demolition Fee	\$1,000.00
Up to – 2,000 square feet	\$100.00	Maintenance/Change of Equipment:	\$ 750.00
2,001 – 5,000 square feet	\$150.00	Renewal (3 Years)	\$ 500.00
5,001 - 10,000 square feet	\$200.00	Associated Building Fee	\$ 50.00
Over 10,000 square feet	\$400.00	Subsequent Antenna	\$ 750.00

CONSTRUCTION INFORMATION

All construction information must be completed. Please indicate N/A on any line that is not applicable to your project.

NEW CONSTRUCTION _____ ADDITION _____ ALTERATION _____
DEMOLITION _____ OTHER (please explain) _____

LOCATION (Street Number and Name) _____

SIZE OF LOT _____ x _____ x _____

ZONING OF LOCATION _____

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 _____

SEWAGE DISPOSAL: PUBLIC _____ PRIVATE _____

Does the applicant agree to meet the requirements of the Cattaraugus County Health Department Sanitary Code and the NYS Plumbing Code _____

DRIVEWAY REQUIRED _____ DATE _____ HIGHWAY SUPT. _____

PARKING LOT PERMIT _____ SIGN _____ FLOOD PLAIN _____

IF MODULAR, HUD _____ NYS _____

MODEL NUMBER _____ SERIAL NUMBER _____ YEAR _____

SOLID FUEL BURNING APPLIANCE:

MAKE AND MODEL NUMBER: _____

MATERIAL UNDER APPLIANCE: _____

MATERIAL ON WALL BEHIND APPLIANCE: _____

MANUFACTURERS RECOMMENDED DISTANCE FROM NEAREST WALL _____

FLUE SIZE _____

STATE PERMITS REQUIRED:

SEQRA _____ WETLANDS _____

STORM SEWER _____ RIGHT OF WAY _____

PERMIT _____ UFPO# _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____

**IT'S THE LAW
CALL UFPO 2
WORKING DAYS
BEFORE YOU DIG
1-800-962-7962**

PLOT PLAN

1. *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 Building and Zoning Officer deems necessary.*
2. *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 premises and public streets.*
3. *Locate and label clearly and distinctly all buildings and structures, show widths and depths of all yards, show names of all streets and indicate north with an arrow.*
4. *A detailed duplicate set of plans must accompany the application. They must be signed by a NYS architect or a licensed engineer if the construction cost exceeds \$10,000.00.*

SHOW DISTANCE FROM BUILDING TO SIDE, FRONT AND REAR LOT LINES

Rear of Lot _____ ft.

ft.

Left Side Depth of Lot

Right Side Depth of Lot

ft.

Frontage of Lot _____ ft.

STREET NAME _____

APPLICANT SIGNATURE _____

Applicant being duly sworn, says that he/she is the owner or authorized agent for which the foregoing work is proposed to be done, and that he is duly authorized to perform such work and that all workers employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing state and local laws.

FOR OFFICE USE ONLY:

FEE PAID _____ PERMIT # _____

DATE _____ SIGNED _____

FOR BUILDING AND ZONING OFFICER USE ONLY:

Certificates Received _____

General Liability _____

Worker's Compensation _____

Disability _____

(Last two not required for sole proprietorships or partnerships without employees)

Architect/Engineer Stamp _____ Name _____

Electrician _____ Plumber _____

INSPECTIONS REQUIRED FOR CERTIFICATE OF OCCUPANCY

SITE PLAN REVIEW _____ DATE _____

FOUNDATION _____ DATE _____

FRAMING _____ DATE _____

PLUMBING _____ DATE _____

ELECTRICAL _____ DATE _____

WELL/SEPTIC _____ DATE _____

FINAL _____ DATE _____

HEALTH DEPARTMENT REVIEW REQUIRED? _____

DATE COMPLETED _____

CERTIFICATE OF OCCUPANCY # _____

PERMIT APPROVED: _____

PERMIT DISAPPROVED: _____

REASON FOR DISAPPROVAL: _____

SIGNATURE: _____ CODE ENFORCEMENT OFFICER

FORWARD TO PLANNING BOARD ON: _____

FORWARD TO ZONING BOARD ON: _____

VARIANCE REQUIRED _____

SPECIAL USE PERMIT _____

PLANNING APPROVAL/DISAPPROVAL DATE _____
SIGNATURE: _____ PLANNING BOARD CHAIR

OTHER BOARD APPROVAL/DISAPPROVAL DATE _____
SIGNATURE: _____ BOARD CHAIR