

# BUILDING AND ZONING PERMIT APPLICATION

## TOWN OF CHARLOTTE

8 Lester Street, P.O. Box 482, Sinclairville, NY 14782

Phone: (716) 962-6047 Fax: (716) 962-3843

### PLEASE COMPLETE ALL REQUIRED INFORMATION.

*(Incomplete applications cannot be processed)*

#### PROJECT LOCATION:

Street Address: \_\_\_\_\_

Tax Map No.: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

#### Official Use Only

Permit No. \_\_\_\_\_

Expires: \_\_\_\_\_

#### APPLICANT INFORMATION:

**APPLICANT:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**OWNER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**PRINCIPAL CONTRACTOR:** \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

#### PROJECT DESCRIPTION: *(Please check all that apply to the project - Additional application forms may apply)*

- New Construction  Addition  Alteration  Repair/Retrofit  Demolition  Foundation / Shell Only  
 Single Family Home  Deck  Porch  Garage  Carport  Shed  Storage Building  Pole Barn  
 Swimming Pool  Hot Tub  Roofing  Electrical  Plumbing  HVAC  Electrical  Solar  
 Seasonal Use Other: \_\_\_\_\_

Detailed Description of the Proposed Work: \_\_\_\_\_

Square Footage: \_\_\_\_\_ sq. ft. Length: \_\_\_\_\_ ft. Width: \_\_\_\_\_ ft. Height: \_\_\_\_\_ ft. Stories: \_\_\_\_\_

Fair Market Value of Construction: \$ \_\_\_\_\_ Date Work to Start: \_\_\_\_\_ End: \_\_\_\_\_ (est.)

#### TYPE OF CONSTRUCTION: *(Please check all that apply to the project)*

- Wood Frame  Concrete  Block  Steel  Pole  Manufactured (HUD)  Modular

**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.

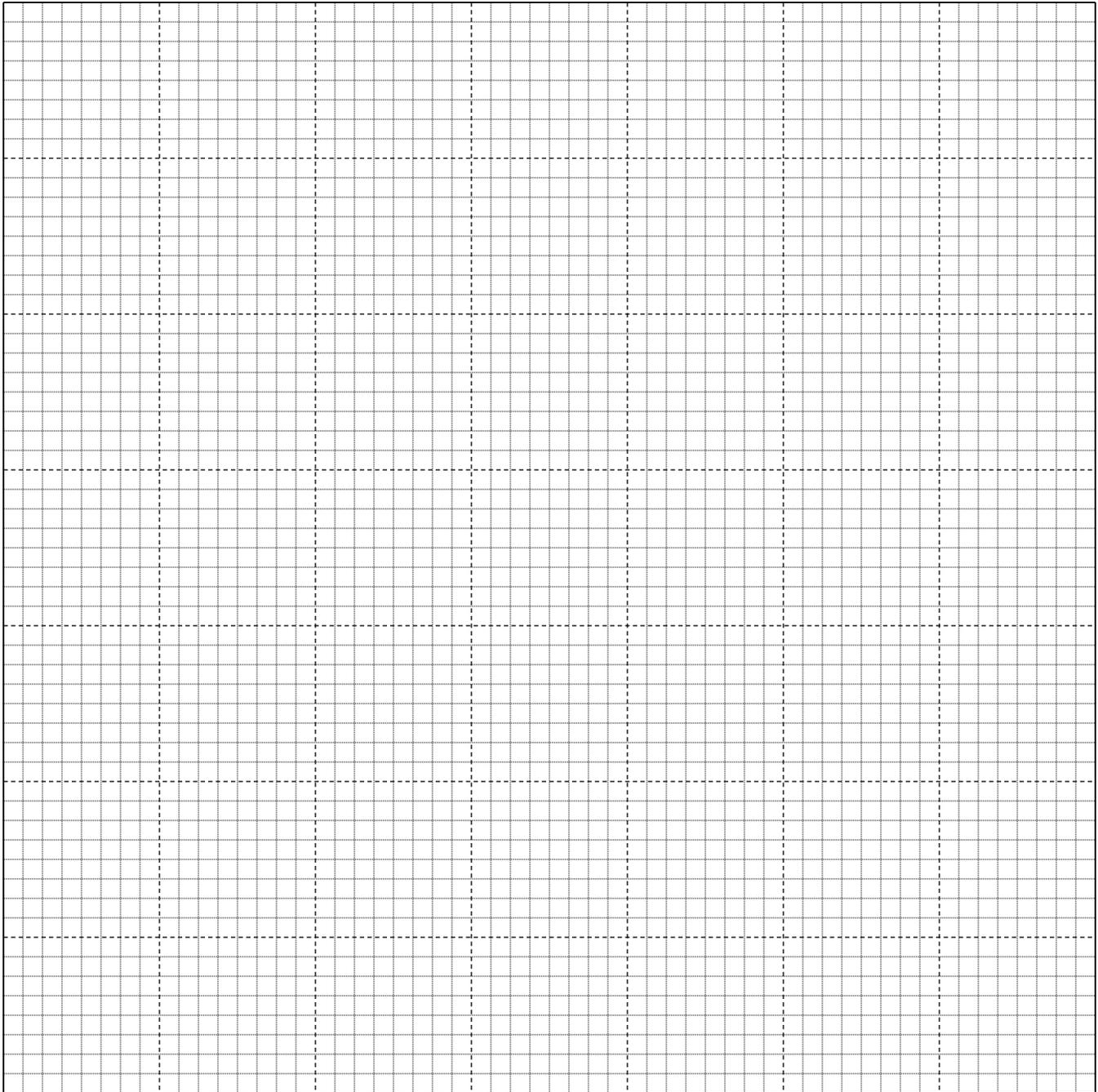
Locate and label clearly and distinctly all building and structures, show widths and depths of all yards, show names of all streets and indicate north with an arrow.

**SHOW DISTANCE FROM PROPOSED 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**

**SIGNATURE OF PROPERTY OWNER:**

Application is hereby made to the Town of Charlotte for the issuance of a Building Permit. The undersigned has submitted a completed application, plans, specifications, a site plan drawing and proof of insurance coverage- which are hereto attached, incorporated into and made a part of this application.

In consideration of the granting of the permit hereby petitioned for, the undersigned hereby agrees that if such permit is granted, he/she will comply with the terms pursuant to the Town of Charlotte Zoning Law and the New York State Uniform Fire Prevention and Building Code and Standards for construction of new buildings, additions, alterations, change of occupancy, removal or demolition.

He/she will preserve the established building line; and have full notification to the Code Enforcement Officer upon start of construction, allow for periodic inspections, and that he/she will not use or permit to be used, the structure covered by this permit, until all inspections have been performed, building is completely finished, and a Certificate of Occupancy / Compliance has been issued. The undersigned hereby certifies that all of the information in this petition is correct and true.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_  
*(If different than owner)*

**PERMIT CONDITIONS:**

1. The building permit placard **MUST** be displayed 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 plans must also be kept on the premises at all times and must be available for inspection.
2. Any deviation from the original approved plans shall require submittal of new drawings showings all proposed changes and approval by the Code Enforcement Officer.
3. Inspections are required upon completion of the following work. In general, most building elements must be inspected before it is covered. **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:**
  - 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 installation of wall coverings.
  - g. Final Inspection when all required work is completed.
4. No building shall be occupied or used in whole or in part for any purpose whatever until a final inspection is performed and a Certificate of Occupancy / Compliance shall have been granted by the Code Enforcement Officer.
5. Call **DIG SAFELY NEW YORK TWO FULL WORKING DAYS** before you dig. CALL 811 OR (800) 962-7962
6. All electrical work must be inspected by a specialized electrical inspector approved by this office.
7. The work covered by this application shall not be started prior to the issuance of the building permit.

**OFFICIAL USE ONLY**

Received: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check No.: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Zoning District: \_\_\_\_\_ ZBA Approval: \_\_\_\_\_ Planning Approval: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Expires: \_\_\_\_\_ Certificate of Occupancy: \_\_\_\_\_

Code Enforcement Officer: \_\_\_\_\_