

2634 Route 16 North  
Olean, NY 14760  
716-378-6607

Application # \_\_\_\_\_

# Town of Olean

## Form A – Application for Zoning Permit

**I. APPLICATION:** The undersigned hereby makes application for a Town of Olean Zoning Permit for the purposes and on the site described herein, and agrees that such purposes shall be undertaken in accordance with all applicable laws, ordinances and requirements.

Note: Any questions regarding Zoning Regulations, please contact the Zoning Officer at (716) 378-6607, Jerry Dzuroff

Applicant Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

Name of Owner if Not Applicant: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

Property Identification:

Tax Map – Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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

Zoning District: \_\_\_\_\_ Flood Plain District: \_\_\_\_\_

Is site in violation of the Town of Olean Zoning Law? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is site in violation of the Town of Olean Junk Ordinance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**II. DESCRIPTION OF PURPOSES:** (Circle One)

To – Use, Move on Location, Erect, Repair, Alter, Construct, Install, Extend, Remove, Demolish, Maintain (legal nonconforming use) a structure or land located at:

\_\_\_\_\_

At a cost of \$ \_\_\_\_\_ for the following purpose(s) \_\_\_\_\_

\_\_\_\_\_

**III. SITE/PLOT PLAN:** A site/plot plan consists of general layout to approximate scale which includes, but is not limited to: buildings, driveways, parking areas, sign locations, fences, adjacent roadways, oil & gas well(s), water well(s), septic system(s) an any other important features.

**Site Plans:** \_\_\_\_\_ Drawn on site/plot plan sheet \_\_\_\_\_ List of Materials  
\_\_\_\_\_ Attached \_\_\_\_\_ Over 1500 sq ft stamped blue prints  
\_\_\_\_\_ Not included – Explain why \_\_\_\_\_ Sewer application from County (new homes)

**IV. CONSTRUCTION:** If the proposed action involves construction, please provide the following data for the structure.

Type of building \_\_\_\_\_  
What will building be used for? \_\_\_\_\_  
Height (Stories and Feet) \_\_\_\_\_  
Number of family units \_\_\_\_\_  
Dimensions of Lot \_\_\_\_\_ Square Feet \_\_\_\_\_  
Corner Lot? \_\_\_\_\_ Interior Lot? \_\_\_\_\_  
Front Yard Setback in Feet \_\_\_\_\_  
Side Yard Setback in Feet \_\_\_\_\_ Side 1 \_\_\_\_\_ Side 2 \_\_\_\_\_  
Rear Yard Setback in Feet \_\_\_\_\_  
Other Comments \_\_\_\_\_

**V. SPECIFICS**

Name of Compensation Insurance Carrier \_\_\_\_\_  
Number of Policy \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
Name of Contractor \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Electrical Inspection (if required) will be done by: \_\_\_\_\_

**VI. GENERAL** (Answer all questions)

Have Health Department permits been granted? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Required  
Please submit a copy of approved permit with application, if yes.  
Does off street parking meet zoning requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
Is site in a Flood Plain? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
Is site in an Agricultural District? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
Is there access to public streets? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
Is a driveway or curb cut necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
If Yes, have you contacted the appropriate highway department to coordinate such?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you consulted and are you in conformance with the State Multiple Residence Law?  
\_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
Have you consulted and are you in compliance with all applicable building codes?  
\_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
If a subdivision, have you consulted and are you in compliance with all applicable subdivision laws?  
\_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Zoning Permit is \_\_\_\_\_ granted \_\_\_\_\_ denied. Reason for denial: \_\_\_\_\_

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## Form B – Application for Building Permit CONSTRUCTION SPECIFICATIONS

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Parcel Owner  Yes  No

Parcel # \_\_\_\_\_ Construction Value: \_\_\_\_\_

**INSTRUCTIONS:** This form to be attached, when completed, to **Form C** (Receipt of Application Pending Appraisal).

- a.) This application must be completely filled in by typewriter or in ink and submitted in duplicate to the inspector in charge.
- b.) This application must be accompanied by one set of specifications describing the nature of work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- c.) Upon approval of this application, the issuing inspector will issue a building permit to the applicant. Such permit shall be kept on the premises available for inspection throughout the progress of the work.
- d.) The work covered by this application may not be commenced before the issuance of a building permit.
- e.) No building shall be occupied or used in whole or in part for any purposes whatever until an application is made for a Certificate of Occupancy and shall have been granted by the inspector and issued by the municipality.

1. State existing use and occupancy of premises and intended use and occupancy of proposed construction:

- a.) Existing use and occupancy \_\_\_\_\_
- b.) Intended use and occupancy \_\_\_\_\_

2. Nature of work (check which applicable):  New Building  Addition  Alteration  Repair  Removal  Demolition  Installation

3. If dwelling, number of dwelling units \_\_\_\_\_. Number of dwelling units on each floor \_\_\_\_\_. If garage, number of cars \_\_\_\_\_.

4. If business, commercial or mixed occupancy, specify nature and extent of each type of use \_\_\_\_\_

5. Dimensions of entire new construction: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Number of Stories \_\_\_\_\_

6. Size of lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Acres \_\_\_\_\_

7. 911 Regulation House Address Number appears on or will appear on house and mailbox? Yes  No

8. A plot diagram must be prepared and attached hereto and locate clearly and distinctly all buildings, whether existing or proposed, and indicate all set back dimensions from property lines. Give tax map numbers or description according to deed, and show street names and indicate whether interior or corner lot. Is one included? Yes  No

9. If this application is not filed by the owner, complete the affidavit below stating that the proposed construction is authorized.

\_\_\_\_\_ being duly sworn deposes and says that he is the owner and has authorized \_\_\_\_\_  
Name of Owner Agent

to perform the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and specifications filed therewith, and in accordance with applicable laws, ordinances, rules and regulations, and that the inspector shall be permitted to inspect the premises without the need of a search warrant.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

Zoning Permit \_\_\_\_\_ Building Permit \_\_\_\_\_ is granted  is denied . Reason for denial: \_\_\_\_\_

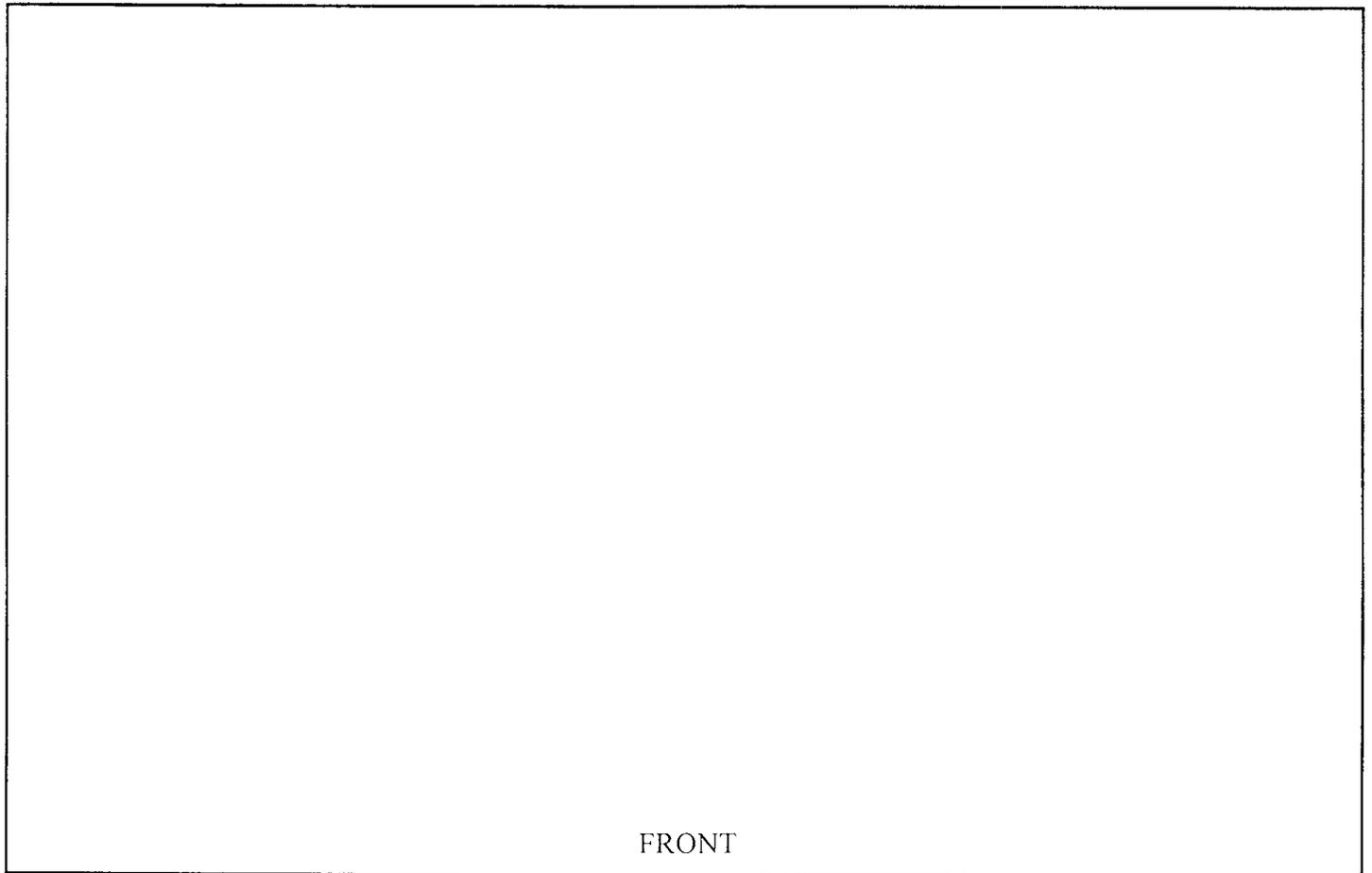
# Town of Olean

## PLOT PLAN

Property Address: \_\_\_\_\_

The bold lines (below) indicate the property boundary lines. All existing structures (ie: buildings, gazebos, etc.) shall be drawn in **SOLID LINES** and all proposed construction shall be drawn in **DASHED LINES**. Include their dimensions and measurements from all structures to all property lines. Also, indicate where the front of the property is located, right, left, and the direction of **NORTH**. Drawing is to be drawn as though you are looking down onto the property.

**NOTE:** The front property line is to be measured from your lot line. If location of your lot line is unknown measure from the center of the street or road and indicate as such on drawing below.



FRONT

FRONT LOT LINE

ROAD - \_\_\_\_\_ width of right-of-way

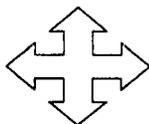
Dimension size of lot

Locate septic system

Dimension of structure(s)

Locate water well

Please indicate (N, S, E & W)



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Zoning and Code Enforcement Department  
Form C – Receipt of Application  
Pending Approval

Tax Map/Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Site: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Applicant Signature

Date

## TO BE COMPLETED BY OFFICE PERSONNEL

Permit #: \_\_\_\_\_ Issued On \_\_\_\_\_ Expires \_\_\_\_\_

P.E. Approved (if applicable)

By: \_\_\_\_\_

Date: \_\_\_\_\_

Occupied as: \_\_\_\_\_

Zoning \_\_\_\_\_

Bldg Permit fee up to \_\_\_\_\_ = \_\_\_\_\_

For each additional \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

Fire Insp. \_\_\_\_\_

Final Inspection \_\_\_\_\_

Other \_\_\_\_\_

New Homes-\$25 fee for 911 sign \_\_\_\_\_

Total \_\_\_\_\_

Fee Paid Total \$ \_\_\_\_\_

Fee must be remitted at time application is made.

Comments: \_\_\_\_\_

### PERMIT ADMINISTRATOR

#### CHECK APPLICABLE ITEMS:

Size of Construction: \_\_\_\_\_

Square Footage: \_\_\_\_\_

New Construction

\_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Renovation, Alteration, Conversion \_\_\_\_\_

\_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Installation Mobile \_\_\_\_\_ Modular \_\_\_\_\_ Home

Chimney Construction \_\_\_\_\_

Solid Fuel Burning Device \_\_\_\_\_ Insert \_\_\_\_\_

Pool \_\_\_\_\_ Deck \_\_\_\_\_ Roof \_\_\_\_\_ Porch \_\_\_\_\_

Storage Building \_\_\_\_\_

Septic – New Installation \_\_\_\_\_ Renovation \_\_\_\_\_

Other \_\_\_\_\_

Permit Renewal \_\_\_\_\_ New Elec Service \_\_\_\_\_

Visual Safety Inspection \_\_\_\_\_

Revision of Original Permit \_\_\_\_\_

Fire Inspection \_\_\_\_\_

Certificate of Occupancy \_\_\_\_\_

# Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

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

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><i>Sworn to before me this _____ day of</i></p> <p>_____, _____.</p> <p><i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998  
CHAPTER 439

The **general municipal law is amended by adding a new section 125** to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## Implementing Section 125 of the General Municipal Law

### 1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

### 2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
  - ◇ is performing all the work for which the building permit was issued him/herself,
  - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
  - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
  - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.