



**VILLAGE
OF
BEMUS POINT**

CHAUTAUQUA COUNTY, NEW YORK

Village of Bemus Point

P.O. Box 450

Bemus Point, NY 14712

APPLICATION FOR BUILDING AND ZONING PERMIT

Applicant _____	Fee Paid _____
Address _____	Permit # _____
_____	Date _____

Phone _____	Signed _____
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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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

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

AFFIDAVIT

STATE OF NEW YORK

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?

SEGRA _____ 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