

APPLICATION FOR A BUILDING PERMIT

TOWN OF CHAUTAUQUA / VILLAGE OF MAYVILLE
Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757
Suite 200
Phone: (716) 753-3433 ~ Fax: (716) 753-5239
www.townofchautauqua.com

Please include one of the following along with your application:

Copy of Survey -OR- Site Plan Documentation

Project Location and Information

Number and Street Address: _____

Tax Map Number: SEC _____ BLK _____ LOT _____

Current use of the property/Building: _____

Owner Identification

Owners Name: _____

Address of owner: _____

City, State, Zip: _____

Phone Number: _____

Proposed Work

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Dry Rot Repair |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Move Building | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Foundation Repair | <input type="checkbox"/> Chimney Repair | <input type="checkbox"/> Swimming Pool / Hot tub | <input type="checkbox"/> Fire Repair |
| <input type="checkbox"/> Repair/Retrofit | <input type="checkbox"/> Fence | <input type="checkbox"/> Shed | <input type="checkbox"/> Other _____ |

Description of Building Project

- | | | |
|--|--|---|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Duplex | <input type="checkbox"/> Apartment House |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Professional Office | <input type="checkbox"/> Industrial | <input type="checkbox"/> Local |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Accessory Bldg. | <input type="checkbox"/> Mobile/Factory manuf. Home |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Detached garage | <input type="checkbox"/> Deck or porch |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Other _____ | |

Building Area (sq.ft.): _____ Building Height(ft.): _____ # of Stories _____

Estimated Cost of Construction: \$ _____ Date of Construction: _____

X _____
SIGNATURE DATE

Contractors: You Must submit your certificates of Insurance for Village of Mayville Projects your certificate holder should read Village of Mayville, 2 S. Erie Street, Mayville NY 14757, for Town of Chautauqua projects, your certificate holder should read, Town of Chautauqua, 2 Academy Street, Mayville, NY 14757. IF you are a sole proprietor in NYS, you will need a CE-200 which can be found on the New York State Worker's Compensation board webpage. This is project / timeline specific.

Homeowners: If you are completing the work yourself, you are acting as your own General Contractor and as such should complete form, **BP-1 NY-WCB, which is a Self-Attestation, of Exemption form, this form needs to be signed in front of a NOTARY, so please DO NOT fill out until you are in front of a notary.** This form is required IF you are the homeowner, and you are completing the project yourself and not hiring a contractor with Insurances.

General Contractors' Information

Name _____
Address: _____
City, State, ZIP _____
E-mail _____ Cell _____

Insurance Certificate Information _____ : on file will submit
*Proof of NYS Workers Comp and Liability Insurance must be submitted before Permit will be issued

Architect / Designer Information

Name _____
Address: _____
City, State, ZIP _____
E-Mail _____ Cell _____

Is your Property's Zoning District?

- | | |
|---|---|
| <input type="checkbox"/> R-A Residential-Agricultural | <input type="checkbox"/> R Residential |
| <input type="checkbox"/> R-L Residential- Lakeside | <input type="checkbox"/> R-R Residential-Recreation |
| <input type="checkbox"/> B Business | <input type="checkbox"/> I Industrial |
| <input type="checkbox"/> CI Chautauqua Institution | |

Local, State & Federal Compliance (Where Applicable) – Is your property in any of these areas?

- | | | |
|---|--|--|
| <input type="checkbox"/> Flood Zone | <input type="checkbox"/> State/Federal Wetland | <input type="checkbox"/> DEC Coastal Erosion Zone |
| <input type="checkbox"/> NY State AG District | <input type="checkbox"/> Historical | <input type="checkbox"/> Curb Cut Required |
| <input type="checkbox"/> New electric Service | <input type="checkbox"/> Served by Municipal Sewer | <input type="checkbox"/> Served by Municipal Water |
| <input type="checkbox"/> Chaut. Co Health Dept. | <input type="checkbox"/> Chautauqua Water District | <input type="checkbox"/> Sandalwood Water District |

Property Information

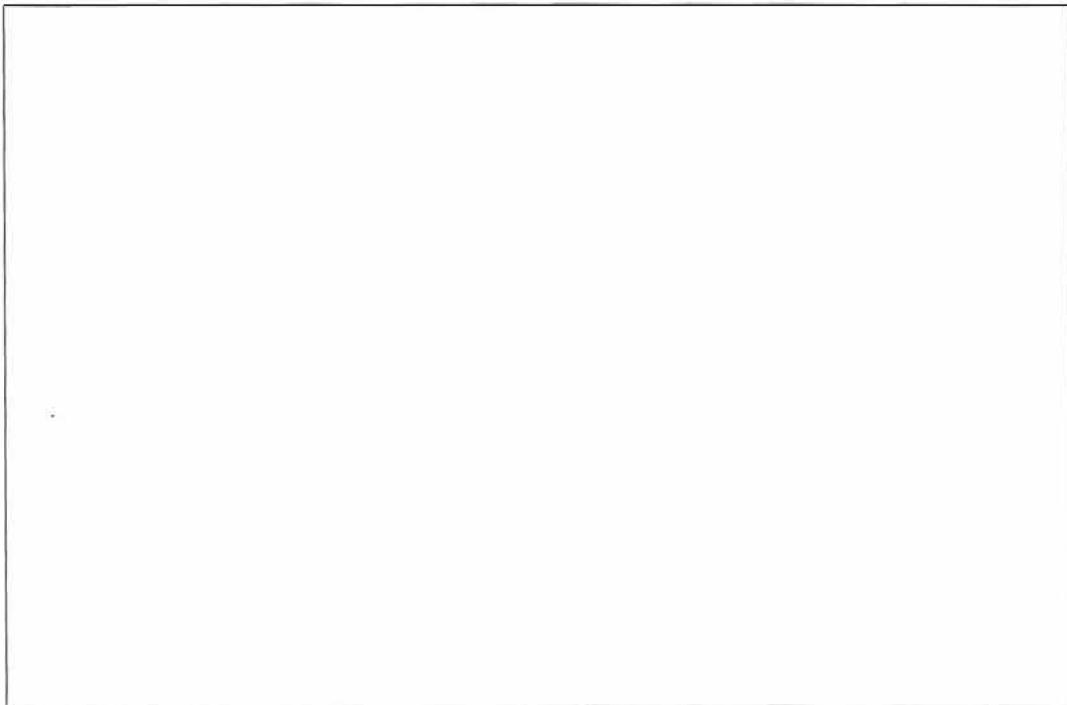
Lot Size (sq. ft) _____ Lot Dim.(FRONT/SIDE/REAR) _____ / _____ / _____

Setbacks: FRONT _____ REAR _____ LEFT _____ RIGHT _____

Plan and/or Property Project layout:

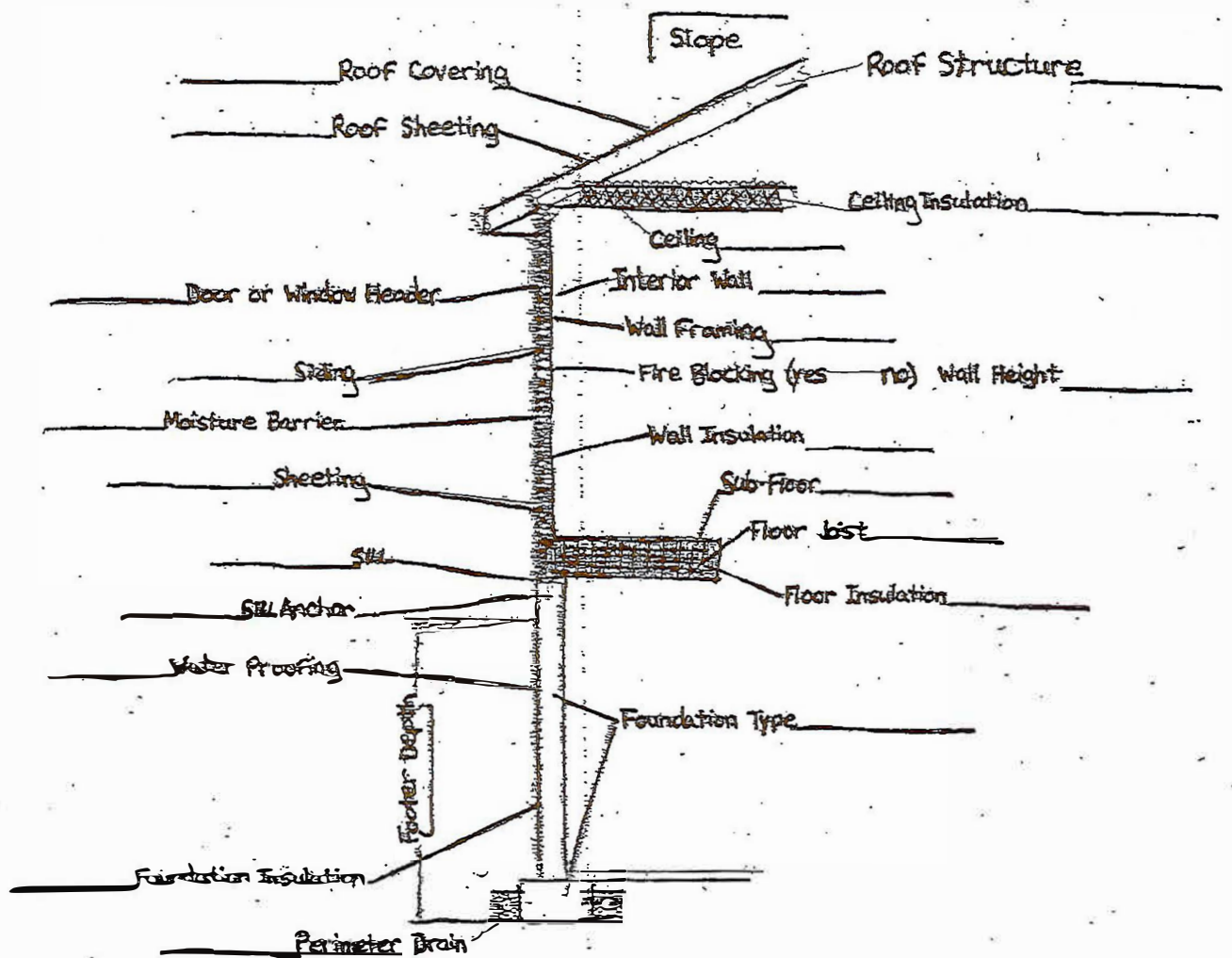
1. This page shall be used for the drawing of a plot plan for all major construction and additions and in such other cases as the Building and Zoning Officer deems necessary.
2. The Plot Plan shall show the location and size of the lot, buildings, and structures upon the premises (both existing and proposed) and their relationship to adjoining premises and public streets.
3. Locate and label clearly and distinctively all buildings and structures; show widths and depths of all yards, show names of all streets and indicate North with an arrow.
4. Distance from building to street line: _____ feet. Rear Lot line _____ ft,
Each side lot line; Left side _____ ft. Right side _____ ft
Distance to nearest building at rear _____ ft, Left side _____ ft, Right side _____ ft

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



Rear of Lot: _____ ft
Frontage of Lot: _____ ft

Street Name: _____



Typical Wall Section

Please fill in all information.

**AFFIDAVIT THAT WORKER'S COMPENSATION
AND DISABILITY BENEFITS ARE NOT REQUIRED**

STATE OF NEW YORK
COUNTY OF CHAUTAUQUA

_____, Being duly sworn, deposes and says:
(APPLICANT'S NAME)

I reside at _____
(APPLICANT'S ADDRESS)

PLEASE CHECK ONE OF THE FOLLOWING AND COMPLETE

1. I **HAVE** engaged _____ with offices at
(CONTRACTOR)

(BUSINESS ADDRESS) (PHONE)

To construct _____
(TYPE OF WORK)

Contractor **Does** have Employees residing in New York.*

Contractor **Does not** have any Employees residing in New York.**

*Above contractor must Carry Current NYS Workers Comp & DBL Ins.

**NYS Waiver (Form CE-200) must be obtained online @ www.wcb.nv.gov/

Contractor Signature _____ Date _____

-OR-

2. I **HAVE NOT** engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work related to the requested Building Permit.

I will be doing the work personally without employing any employees.

The work will be performed by _____
I have a Homeowner's policy that is currently in effect and covers the the property AND will supply the appropriate Worker's Compensation and Disability for hired employees for the site specified on the Building Permit application.

I make this affidavit knowing that it will be relied upon the Building Inspector in Insuring compliance with section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

APPLICANT'S SIGNATURE _____ DATE _____

Electrical Inspectors for the Town of Chautauqua:

Dean Electrical Inspections of New York, LLC

Christopher Dean
10237 Lakeside Blvd.
Dunkirk, NY 14048
P 716.224.0700

LCR Electrical Inspections

Lon Robinson
11931 Angell Rd
Silver Creek, NY 14136
P 716.934.3759

Gleason Enterprises Electrical Inspections

Mike Gleason
6524 Eiden Road
Mayville, NY 14757
P 716.338.7108

Certified Power Inspections, LLC

Jeff Ruch
2005 Randolph Road
Ashville, NY 14710
P 716. 969.2149

Blower Door Inspectors:

Efficient Home Energy Concepts

Rodney Lind
2307 Edson Rd.
Sinclairville, NY 14782
P 716.450.1719

Superior Energy Concepts

Al Simmons
1720 Foote Avenue, Ext.
Jamestown, NY 14701
P 716.483.0100