

Building Permit Application (Cont'd)

General Contractors Information

Name _____

Address: _____

City, State, ZIP _____

Phone: _____ Cell _____

Insurance Certificate Information _____ on file will submit

*Proof of NYS Workers Comp and Liability Insurance must be submitted before Permit will be issued

Ins. on File: Liab ___ Comp ___ DBL ___ Waiver

Designer Information

Name _____

Address: _____

City, State, ZIP _____

Phone: _____ Cell _____

Zoning District

R-A Residential-Agricultural

R Residential

R-L Residential- Lakeside

R-R Residential-Recreation

B Business

I Industrial

CI Chautauqua Institution

Local, State & Federal Compliance (Where Applicable)

Flood Zone

State/Federal Wetland

DEC Coastal Erosion Zone

NY State AG District

Historical

Curb Cut Required

New electric Service

Served by Municipal Sewer

Served by Municipal Water

Chaut. Co Health Dept.

Chautauqua Water District

Sandalwood Water District

Property Information

Lot Size(sqft) _____ Lot Dim.(FRONT/SIDE/REAR) ____/____/____

Setbacks: FRONT _____ **REAR** _____ **LEFT** _____ **RIGHT** _____

Office Use Only

Type of Construction: _____

Occupancy Classification: _____

Existing Use: _____

Proposed Use: _____

X _____

ISSUING OFFICER

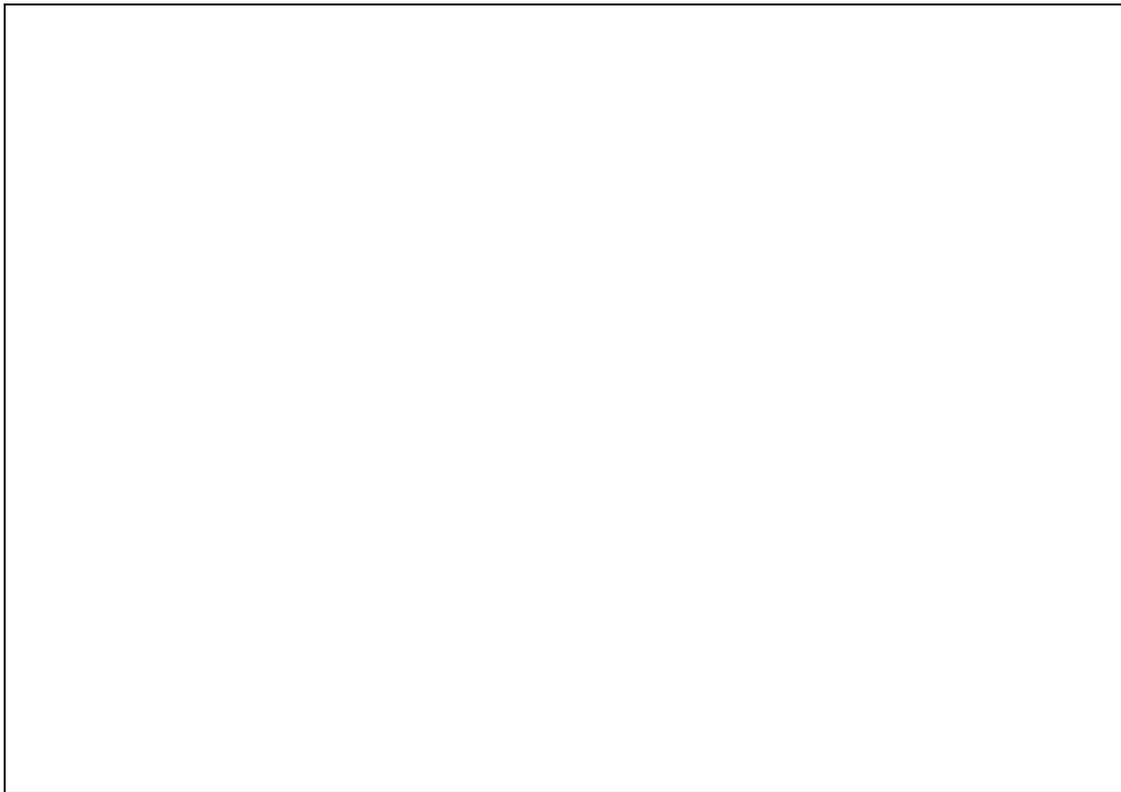
DATE

Plot Plan

1. This page shall be use 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

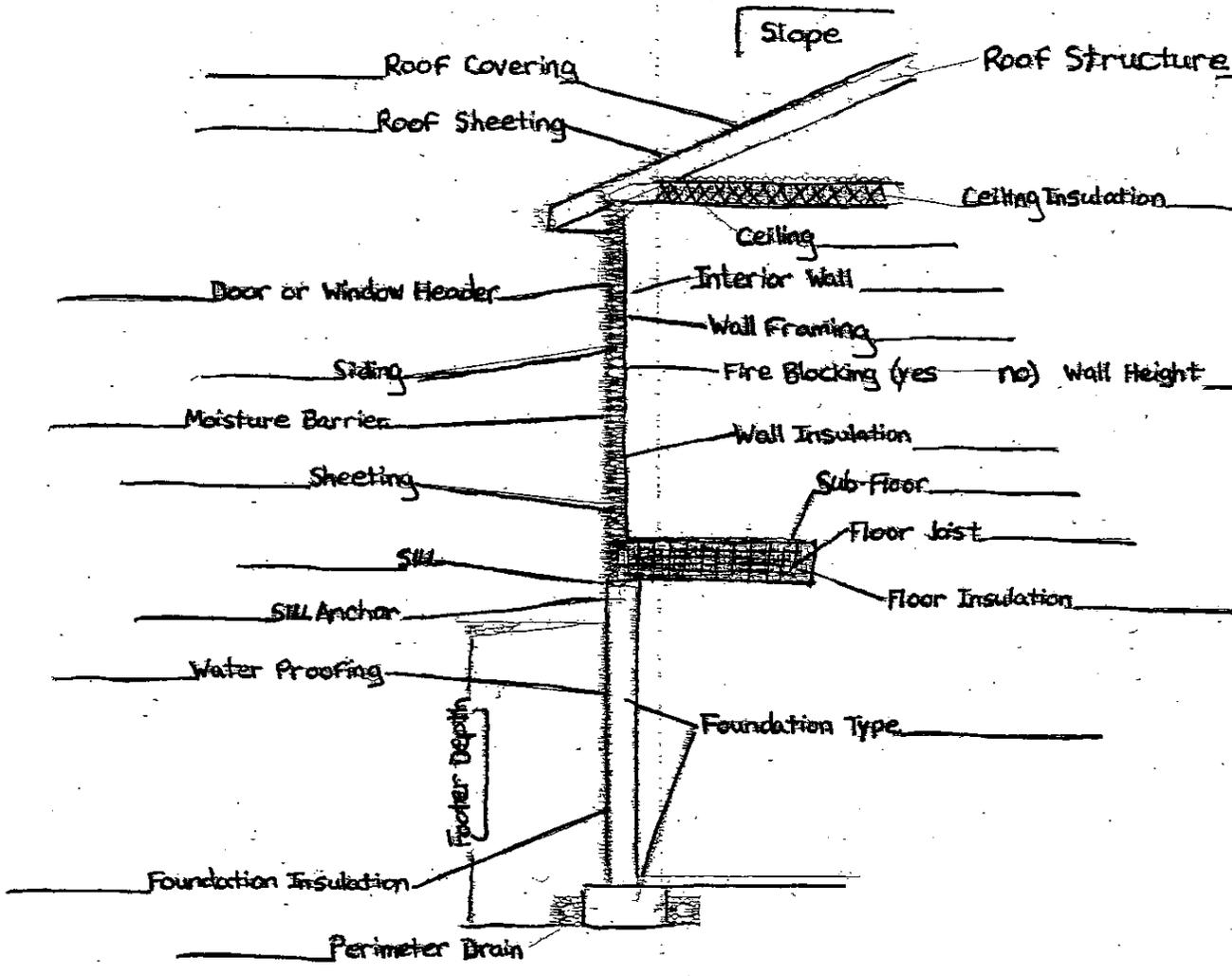
SHOW DISTANCE FROM BUILDING TO SIDE,FRONT AND REAR LOT LINES

Rear of Lot _____ ft

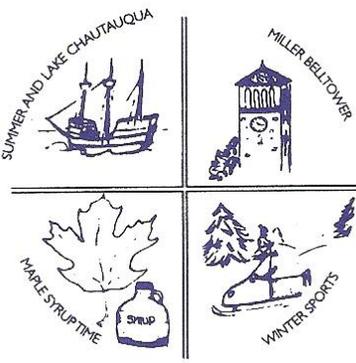


Frontage of Lot _____ ft

Street Name _____



Typical Wall Section
 Please fill in all information.



TOWN OF CHAUTAUQUA

Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757

Phone: (716) 753-7342 ~ Fax: (716) 753-5239

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION

OWNER: _____

SUBJECT PROPERTY: _____

Please take notice that the (check applicable line):

- New residential structure
- Addition to existing residential structure
- Rehabilitation to existing residential structure

to be constructed or performed at the subject property reference above will utilize (check each applicable line):

- Truss type construction (TT)
- Pre-engineered wood construction (PW)
- Timber construction (TC)

In the following location(s), check applicable line):

- floor framing, including girders and beams (F)
- roof framing (R)
- floor framing and roof framing (FR).

DATE: _____

SIGNATURE: _____

NAME (please print): _____

CAPACITY (Owner or Owner's Representative): _____

**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)

An application has been submitted for work At _____
(SITE LOCATION)

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. or Submit Waiver(Form CE-200)

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.

Owner/Representative Signature _____ DATE _____

Electrical Inspectors for the Town of Chautauqua

LCR Electrical Inspections

Lon Robinson
11931 Angell Rd
Silver Creek, NY 14136
P (716) 934-3759

Gleason Enterprises Electrical Inspections

-Mike Gleason
6524 Eiden Rd
Mayville, NY 14757
P (716) 338-7108

Dean Electrical Inspections of New York, LLC

Christopher Dean
10237 Lakeside Blvd.
Dunkirk, NY 14048
P (716) 224-0700