



Permit # _____

TOWN OF CHAUTAUQUA

Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757
Phone: (716) 753-7342 ~ Fax: (716) 753-5239

DECK PERMIT APPLICATION

Please submit one of the following along with your application;

Copy of Survey -OR- Site Plan Documentation

Project Location

Number and Street Address: _____

Tax Map Number: SEC _____ BLK _____ LOT _____

Owner Information

Owners Name: _____

Address of owner: _____

City, State, Zip: _____

Phone Number: _____

General Contractors Information

Name _____

Address: _____

City, State, ZIP _____

Phone: _____ Cell _____

Insurance Certificate Information _____ on file will submit

*Proof of NYS Workers Comp, Liability & Disability Insurance must be submitted before Permit will be issued

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

X _____
APPLICANT SIGNATURE DATE

-----office use only-----

Special approval needed by: Zoning Board _____

Required: Area Variance Special Use Permit ZBA Date _____

Insurance on File: Liab ___ Comp ___ DBL ___ Waiver ___ Permit# _____

X _____
ISSUING OFFICER DATE

Deck Permit Application (Cont'd)

Property Information

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

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

Plot Plan

1. **Locate and label clearly Location of deck to be added; show widths and depths of all yards, show names of all streets and indicate North with an arrow.**
2. **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 _____

