



TOWN OF CHAUTAUQUA

www.townofchautauqua.com
 Community Municipal Building
 2 Academy Street, Mayville NY 14757
 (P): 716- 753-7342 ~ (F): 716-753-5239

Renewal Fee: \$50.00 Pd <input type="checkbox"/>
Submitted _____
Original Permit# _____
ISSUED : _____
EXPIRED: _____
New Expiration: _____

Renewal/Extension Application

Project Location

Number and Street Address: _____
 Tax Map Number: SEC _____ BLK _____ LOT _____
 Project Description (ex. New House, addition) _____

Owner Identification

Owners Name: _____
 Address of owner: _____
 Phone Number: _____

General Contractors Information

Name _____
 Address: _____
 City, State, ZIP _____
 Phone: _____ Cell _____
 Insurance Certificate Information _____ on file will submit

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

Need for an Extension/Renewal :

Current Status of Project

Changes in Cost of Construction: \$ _____. Estimated Completion Date _____

- Applicant states there are **NO CHANGES** to original plans Submitted.
- Applicant is requesting the following **CHANGES** to the original plans submitted. (SEE ATTACHED)

Applicant(Printed Name) _____

X _____
 APPLICANT SIGNATURE DATE

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

Special approval needed by: Zoning Board _____

Extension/Renewal Period _____ Permit # _____

X _____
 ISSUING OFFICER DATE

Renewal/Extension Permit Application (Cont'd)

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.

**NYS Waiver (Form CE-200) must be obtained online @ www.wcb.ny.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 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 Signature _____ DATE _____