



Permit# _____

VILLAGE OF LAKEWOOD
20 WEST SUMMIT ST., LAKEWOOD, NY 14750
(716) 763-6562

APPLICATION FOR A BUILDING PERMIT

Please submit one of the following along with your application:

Copy of Survey OR Site Plan Documentation

Project Location and Information

Street Address: _____

Tax Map Number: SEC _____ BLK _____ LOT(s) _____

Current use of the

Property/Building: _____

Owner Identification

Owners Name: _____

Address of owner: _____

City, State, Zip Code: _____

Phone Number: _____

Proposed Work

- New Building Addition Alteration
- Move Building Repair/Retrofit Other _____

Description of Building Project

- Single Family Home Duplex Apartment House
- Retail Professional Office Industrial
- Restaurant Accessory Bldg. Garage
- Deck or porch Other _____

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

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

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 pretained to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature of Applicant _____ **Date** _____

Sworn before me this _____ day of _____, 20_____.

NOTARY PUBLIC

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

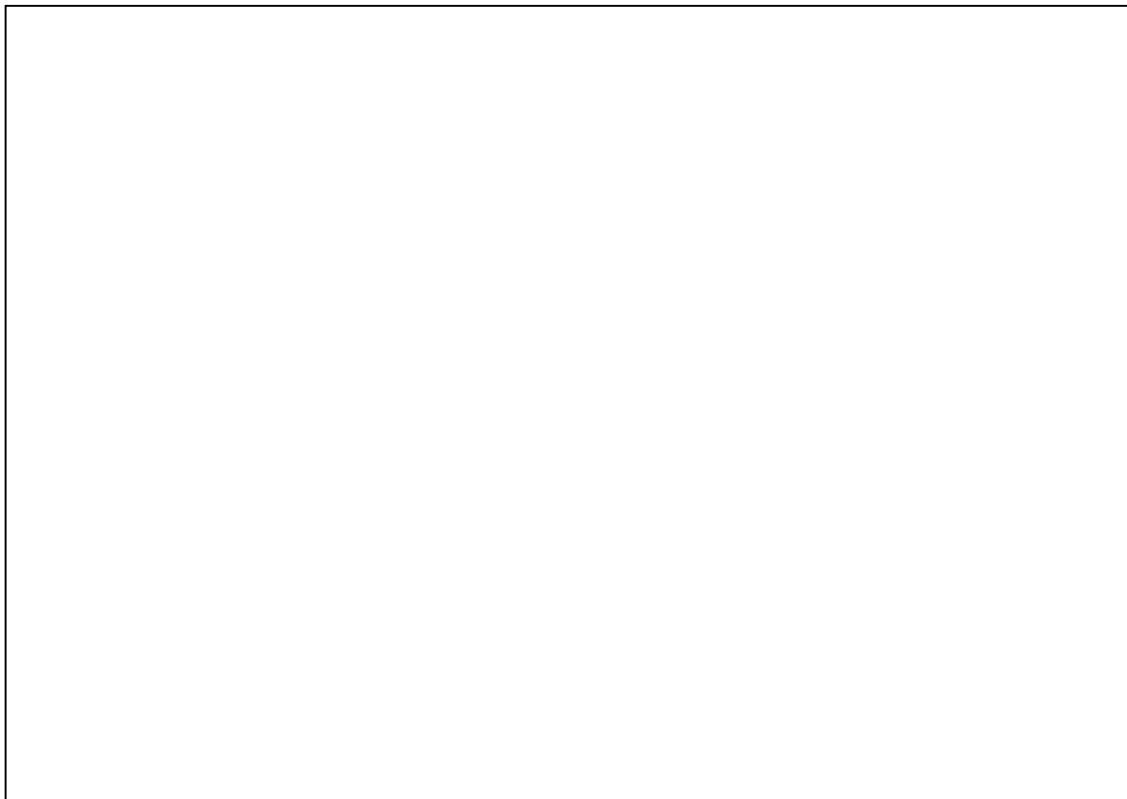
Special approval needed: Zoning Board Planning Board Municipal Board

Hearing Date(s) _____ Action: _____ Date(s) _____

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: _____ ft. 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 _____

Building Permit Application (Cont'd)

General Contractors Information

Name _____
Address: _____
City, State, Zip Code: _____
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**

Designer Information

Name _____
Address: _____
City, State, Zip Code: _____
Phone: _____ Cell: _____

Zoning District

- | | |
|--|---|
| <input type="checkbox"/> R-1 Single-Family Residential | <input type="checkbox"/> B-1 Retail Business |
| <input type="checkbox"/> R-2 Multiple-Family Residential | <input type="checkbox"/> B-2 Highway Business |
| <input type="checkbox"/> R-3 Mobile Residential | <input type="checkbox"/> L-1 Light Industrial |
| <input type="checkbox"/> R-L Lakeside Residential | <input type="checkbox"/> F-P Flood Plain |

Local, State & Federal Compliance (Where Applicable)

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Flood Zone | <input type="checkbox"/> State/Federal Wetland | <input type="checkbox"/> DEC Coastal Erosion Zone |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Curb Cut Required | <input type="checkbox"/> New Electrical Service |

Property Information

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

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

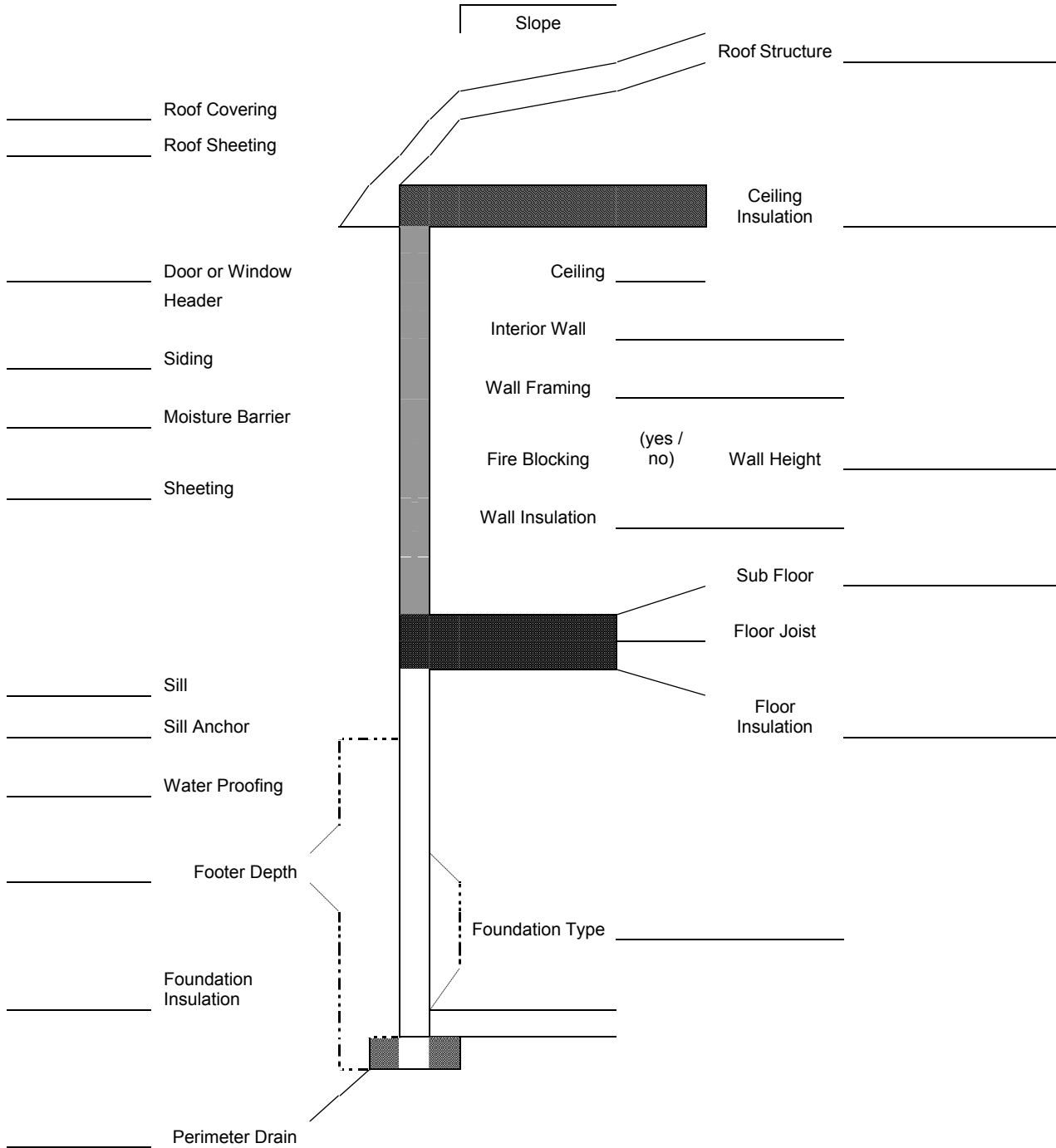
Office Use Only

Type of Construction: _____ Occupancy Classification: _____

Existing Use: _____ Proposed Use: _____

X _____
ISSUING OFFICER DATE

PLOT PLAN



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)
At _____
(SITE LOCATION)

***Above contractor must have NYS Workers Comp or Waiver(Form CE-200) submitted to Code Office**

-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** _____