Town of Busti Building Permit Application

Requirements for all Building Permit Applications

Town of Busti
125 Chautauqua Avenue, Lakewood, NY 14750
Code Enforcement Officer
Jeff Swanson
716-763-8561, option 4

Residential Permit Application Requirements

The following must be included at the time a building permit application is submitted:

- Detailed "As-Built" drawing – showing all dimensional lumber, spacing, header sizing, insulation with R-values, window sizing, room dimensions, footer and foundations with drains, roof details including slope and roof coverings, any truss construction will require truss certification, location of all safety features including smoke detectors, carbon-monoxide detectors, and GFI receptacles, and egress.

  As of February 3, 2025 – all drawings must be submitted in hard copy and digital format.
- Additional information may be required at the time of Plan Review.
- Contractor information including copies of Liability Insurance, Worker's Compensation or CE200 Exemption for specific projects.

Commercial Permit Application Requirements

SAME AS RESIDENTIAL PLUS:

- Any and all projects require a stamped set of drawing by a New York State Certified design professional.

Change in Occupancy:

- A stamped drawing of the structure to be converted.
- Listing existing occupancy and occupancy to be converted to.
- All New York State Code requirements must be listed on the drawings to conform to the new occupancy classification

*** It is the owner or owner's representatives' responsibility to follow through with any and all requirements that are listed above.**

Permit #_____

Town of Busti

125 Chautauqua Ave, Lakewood, NY 14750
(716) 763-8561 Fax: (716) 763-2953

APPLICATION FOR BUILDING PERMIT

No application will be reviewed unless it is filled out in full & includes:

- **Proper plot plan drawings with setback dimensions.**
- **Proposed project drawings how the project will be constructed, to include size, lumber, foundation, insulation, and roofing, as applicable.**
- **All required insurance information.**

Please submit one of the following 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 Building __Garage
__Deck or Porch __Other_____

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

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

Signature:_____ **Date**:_____

==========Office Use Only==========

Special approval needed: ___Zoning Board ___Planning Board ___Municipal Board

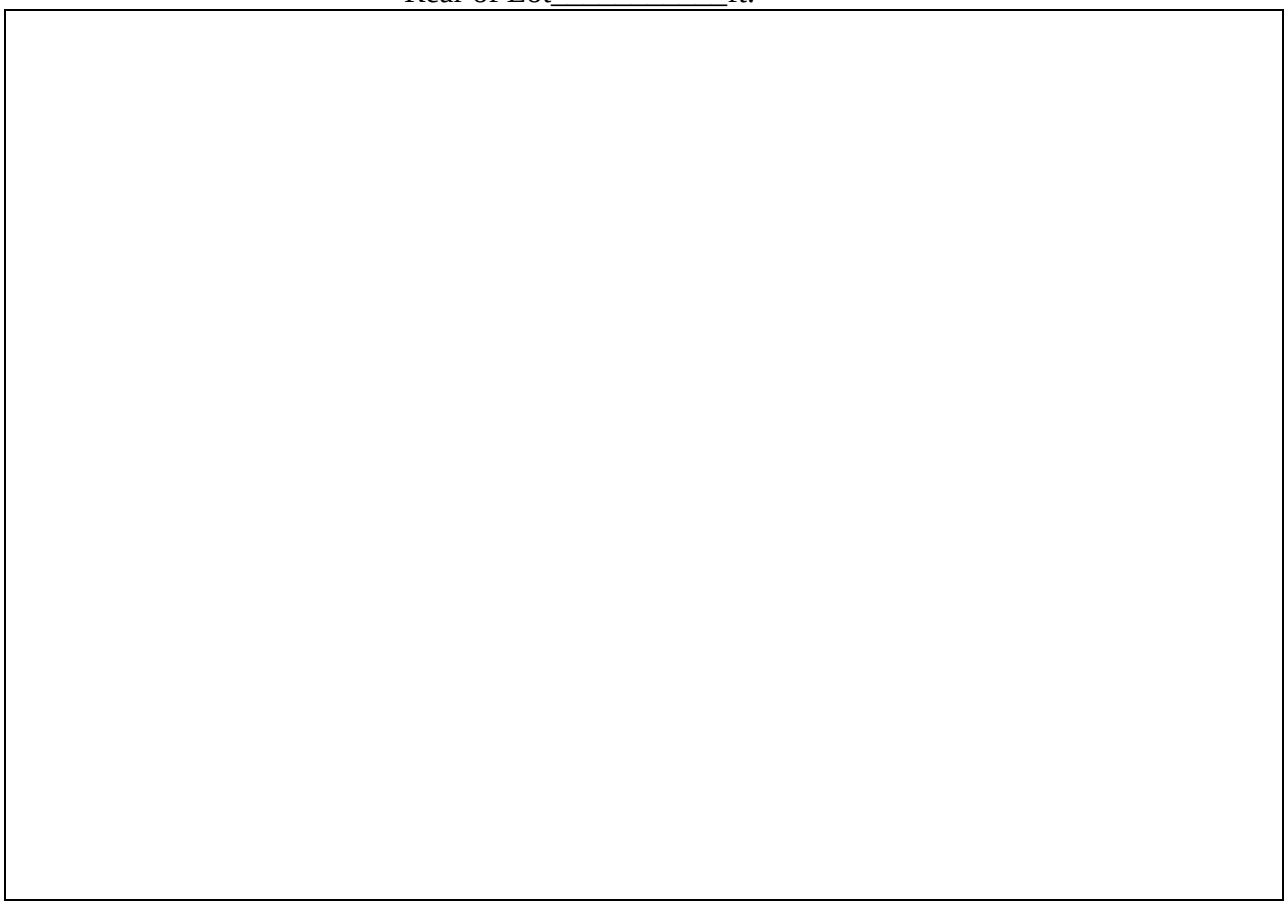
Hearing Date(s):_____ Action:_____ Date(s):_____

Issuing Officer_____Date_____

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 & 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 to: Left side:_____ft. Right side:_____ ft.
   Distance to nearest bldg 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_____

General Contractor's 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

□ C - Conservation
□ CA - Conservation/Agricultural
□ CMR – Commercial/Multi-Family Residential
□ CAMP-Conservation/Agricultural/ Mobil Home Park
□ GC – Gateway Commercial
□ H – Hamlet
□ HC - Highway Commercial
□ I - Industrial District
□ LC – Lakeshore Commercial
□ LMR - Light Manufacturing/ Research and Development
□ LR – Lakeshore Residential
□ RA – Residential Agricultural
□ R-HD – Residential High Density
□ R-M – Residential Moderate Density

Local, State & Federal Compliance (Where Applicable)

□ Flood Zone □ State/Federal Wetland □ DEC Coastal Erosion Zone
□ Historical □ Curb Cut Required □ 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

AFFIDAVIT THAT WORKER'S COMPENSATION
AND DISABLITY BENEFITS ARE NOT REQUIRED.

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 Officer.

== 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 by the Building Inspector in ensuring 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 _____

NOTICE

ALL CONTRACTORS & HOMEOWNERS
BUILDING AND RENOVATION REQUIREMENTS

PLEASE REMEMBER THAT CALLING FOR YOUR REQUIRED INSPECTIONS IS YOUR RESPONSIBILITY! PLEASE TRY TO GIVE A 24-HOUR NOTICE FOR INSPECTIONS.

THERE MUST BE CALLS FOR THE FOLLOWING POINTS OF CONSTRUCTION:

1. Work site prior to the issuance of a building permit
2. Footing and Foundation
3. Preparation of concrete slab
4. Framing
5. Building systems, including underground and rough-in (i.e. electrical, plumbing, and HVAC)
6. Fire-resistant construction
7. Fire-resistant penetrations
8. Solid fuel-burning heating appliances, chimneys, flues, or gas vents
9. Energy code compliance
10. A final inspection after all work authorized by the building permit has been completed

Town of Busti Approved Electrical Inspectors:
Dean Electrical Inspections of Western NY, LLC – John Dean III (716) 224-0700
Gleason Enterprises Electrical Inspections – Mike Gleason (716) 338-7108
LCR Electrical Inspections – Lon Robinson (716) 570-4269

NO EXCEPTIONS WILL BE MADE, REGARDLESS OF PREVIOUS PROJECTS OR REPUTATION. SHOULD ANY POINT OF INSPECTION HAD NOT BEEN VISUALLY SEEN AND APPROVED, YOU WILL BE REQUIRED TO DO SO AT YOUR EXPENSEAND TIME BEFORE A CERTIFICATE OF OCCUPANCY WILL BE ISSUED.

FAILURE TO COMPLY AND THE PROPERTY WILL BE CONSIDERED IN VIOLATION. NO EXCUSE WILL BE ACCEPTED.

Applicant's Signature _____ **Date** _____

Jeff Swanson – Code Enforcement (716-763-8561)