

2634 Route 16 North
Olean, NY 14760
716-378-6607

Application # _____

Town of Olean

Form A – Application for Zoning Permit

- I. **APPLICATION:** The undersigned hereby makes application for a Town of Olean Zoning Permit for the purposes and on the site described herein, and agrees that such purposes shall be undertaken in accordance with all applicable laws, ordinances and requirements.

Note: Any questions regarding Zoning Regulations, please contact the Zoning Officer at (716) 378-6607, Jerry Dzuroff

Applicant Information:

Name: _____ Date: _____

Mailing Address: _____

Phone: _____

Name of Owner if Not Applicant: _____

Mailing Address: _____

Phone: _____

Property Identification:

Tax Map – Section _____ Block _____ Lot _____

Street Address: _____

Zoning District: _____ Flood Plain District: _____

Is site in violation of the Town of Olean Zoning Law? _____ Yes _____ No

Is site in violation of the Town of Olean Junk Ordinance? _____ Yes _____ No

II. **DESCRIPTION OF PURPOSES:** (Circle One)

To – Use, Move on Location, Erect, Repair, Alter, Construct, Install, Extend, Remove, Demolish, Maintain (legal nonconforming use) a structure or land located at:

At a cost of \$ _____ for the following purpose(s) _____

III. **SITE/PLOT PLAN:** A site/plot plan consists of general layout to approximate scale which includes, but is not limited to: buildings, driveways, parking areas, sign locations, fences, adjacent roadways, oil & gas well(s), water well(s), septic system(s) an any other important features.

Site Plans: _____ Drawn on site/plot plan sheet _____ List of Materials
_____ Attached _____ Over 1500 sq ft stamped blue prints
_____ Not included – Explain why _____ Sewer application from County (new homes)

IV. CONSTRUCTION: If the proposed action involves construction, please provide the following data for the structure.

Type of building _____
What will building be used for? _____
Height (Stories and Feet) _____
Number of family units _____
Dimensions of Lot _____ Square Feet _____
Corner Lot? _____ Interior Lot? _____
Front Yard Setback in Feet _____
Side Yard Setback in Feet _____ Side 1 _____ Side 2 _____
Rear Yard Setback in Feet _____
Other Comments _____

V. SPECIFICS

Name of Compensation Insurance Carrier _____
Number of Policy _____ Date of Expiration _____
Name of Contractor _____
Address _____ Phone No. _____
Electrical Inspection (if required) will be done by: _____

VI. GENERAL (Answer all questions)

Have Health Department permits been granted? _____ Yes _____ No _____ Not Required
Please submit a copy of approved permit with application, if yes.
Does off street parking meet zoning requirements? _____ Yes _____ No _____ Unknown
Is site in a Flood Plain? _____ Yes _____ No _____ Unknown
Is site in an Agricultural District? _____ Yes _____ No _____ Unknown
Is there access to public streets? _____ Yes _____ No _____ Unknown
Is a driveway or curb cut necessary? _____ Yes _____ No _____ Unknown
If Yes, have you contacted the appropriate highway department to coordinate such? _____ Yes _____ No
Have you consulted and are you in conformance with the State Multiple Residence Law? _____ N/A _____ Yes _____ No _____ Unknown
Have you consulted and are you in compliance with all applicable building codes? _____ N/A _____ Yes _____ No _____ Unknown
If a subdivision, have you consulted and are you in compliance with all applicable subdivision laws? _____ N/A _____ Yes _____ No _____ Unknown

APPLICANTS SIGNATURE _____ DATE _____
Zoning Permit is _____ granted _____ denied. Reason for denial: _____

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Form B – Application for Building Permit CONSTRUCTION SPECIFICATIONS

Date: _____

Name: _____ Phone: _____

Mailing Address: _____ Parcel Owner _____ Yes _____ No

Parcel # _____ Construction Value: _____

INSTRUCTIONS: This form to be attached, when completed, to **Form C** (Receipt of Application Pending Approval).

- This application must be completely filled in by typewriter or in ink and submitted in duplicate to the inspector in charge.
- This application must be accompanied by one set of specifications describing the nature of work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- Upon approval of this application, the issuing inspector will issue a building permit to the applicant. Such permit shall be kept on the premises available for inspection throughout the progress of the work.
- The work covered by this application may not be commenced before the issuance of a building permit.
- No building shall be occupied or used in whole or in part for any purposes whatever until an application is made for a Certificate of Occupancy and shall have been granted by the inspector and issued by the municipality.

1. State existing use and occupancy of premises and intended use and occupancy of proposed construction:

a.) Existing use and occupancy _____

b.) Intended use and occupancy _____

2. Nature of work (check which applicable): ☐ New Building ☐ Addition ☐ Alteration ☐ Repair ☐ Removal ☐ Demolition ☐ Installation

3. If dwelling, number of dwelling units _____. Number of dwelling units on each floor _____. If garage, number of cars _____.

4. If business, commercial or mixed occupancy, specify nature and extent of each type of use _____

5. Dimensions of entire new construction: Front _____ Rear _____ Depth _____ Height _____ Number of Stories _____

6. Size of lot: Front _____ Rear _____ Depth _____ Acres _____

7. 911 Regulation House Address Number appears on or will appear on house and mailbox? Yes _____ No _____

8. A plot diagram must be prepared and attached hereto and locate clearly and distinctly all buildings, whether existing or proposed, and indicate all set back dimensions from property lines. Give tax map numbers or description according to deed, and show street names and indicate whether interior or corner lot. Is one included? Yes _____ No _____

9. If this application is not filed by the owner, complete the affidavit below stating that the proposed construction is authorized.

_____ being duly sworn deposes and says that he is the owner and has authorized _____
Name of Owner Agent

to perform the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and specifications filed therewith, and in accordance with applicable laws, ordinances, rules and regulations, and that the inspector shall be permitted to inspect the premises without the need of a search warrant.

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

Notary Public _____ County _____

Zoning Permit _____ Building Permit _____ is granted _____ is denied _____. Reason for denial: _____

Town of Olean

PLOT PLAN

Property Address: _____

The bold lines (below) indicate the property boundary lines. All existing structures (ie: buildings, gazebos, etc.) shall be drawn in **SOLID LINES** and all proposed construction shall be drawn in **DASHED LINES**. Include their dimensions and measurements from all structures to all property lines. Also, indicate where the front of the property is located, right, left, and the direction of **NORTH**. Drawing is to be drawn as though you are looking down onto the property.

NOTE: The front property line is to be measured from your lot line. If location of your lot line is unknown measure from the center of the street or road and indicate as such on drawing below.

FRONT

FRONT LOT LINE

ROAD - _____ width of right-of-way

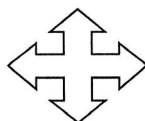
Dimension size of lot

Locate septic system

Dimension of structure(s)

Locate water well

Please indicate (N, S, E & W)



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Town of Olean

Zoning and Code Enforcement Department
Form C – Receipt of Application
Pending Approval

Tax Map/Section _____ Block _____ Lot _____ Date: _____

Name of Applicant: _____ Phone: _____

Job Site: _____

Name of Owner: _____ Phone: _____

Mailing Address: _____

Applicant Signature

Date

TO BE COMPLETED BY OFFICE PERSONNEL

Permit #: _____ Issued On _____ Expires _____

P.E. Approved (if applicable)

By: _____

Date: _____

Occupied as: _____

Zoning _____

Bldg Permit fee up to _____ = _____

For each additional _____ @ _____ = _____

Fire Insp. _____

Final Inspection _____

Other _____

New Homes-\$50 fee for 911 sign _____

Total _____

Fee Paid Total \$ _____

Fee must be remitted at time application is made.

Comments: _____

PERMIT ADMINISTRATOR

CHECK APPLICABLE ITEMS:

Size of Construction: _____

Square Footage: _____

New Construction

_____ Residential _____ Commercial

Renovation, Alteration, Conversion _____

_____ Residential _____ Commercial

Installation Mobile _____ Modular _____ Home

Chimney Construction _____

Solid Fuel Burning Device _____ Insert _____

Pool _____ Deck _____ Roof _____ Porch _____

Storage Building _____

Septic – New Installation _____ Renovation _____

Other _____

Permit Renewal _____ New Elec Service _____

Visual Safety Inspection _____

Revision of Original Permit _____

Fire Inspection _____

Certificate of Occupancy _____

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

****This form cannot be used to waive the workers' compensation rights or obligations of any party. ****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<i>Sworn to before me this _____ day of</i> _____, _____. <i>(County Clerk or Notary Public)</i>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998
CHAPTER 439

The **general municipal law** is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
 - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
 - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied residence** (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.