

Town of Leon
12195 Leon New Albion Rd
Conewango Valley, NY 14726

TAKE NOTICE

No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy or Compliance shall have been granted by the Code Enforcement Officer of the Town of Leon.

TAKE NOTICE

It is a violation of the Local Law of the Town of Leon to proceed with any building operations before this petition is approved and a written permit has been procured, therefore any violation is punishable as such.

TAKE NOTICE

IN ORDER TO OBTAIN A PERMIT, THE FOLLOWING IS REQUIRED

1. SURVEY AND PLOT PLAN
2. 2 SETS OF CONSTRUCTION PLANS SHOWING
 - A. FLOOR PLANS
 - B. TYPICAL SECTIONS
3. AN APPROVED SEPTIC DESIGN FROM THE CATTARAUGUS COUNTY HEALTH DEPT.
4. CONTRACTORS MUST SUBMIT PROOF OF LIABILITY AND WORKMANS COMPENSATION INSURANCE
5. ALL NEW RESIDENCES OVER 1500 SQ. FT. REQUIRE NEW YORK STATE ARCHITECT STAMPED PLANS

Note: A Permit must be obtained from the Highway Dept. before a driveway culvert is installed.

NOTE: Plans in compliance with the State Building Code must be submitted with application for review by the Building Inspector. No person shall make any change in plans herewith submitted for specifications herein contained, or in the structural part of the building without the written consent of the Building Inspector.

I swear [or affirm] that I am the owner / authorized agent of the premises mentioned in the following application, and shown on the following application and plans, and to the best of my knowledge and belief, the statements contained in this application including the accompanying plans, drawings and statements [if any] are true. For and in consideration of the granting of the permit hereby petitioned for, the applicant does agree to exercise such permission I strict accordance with the terms of said permit, Town Ordinances, the rules and regulations of the Health Dept., the regulations of the New York State Building Code, and any other agencies having jurisdiction.

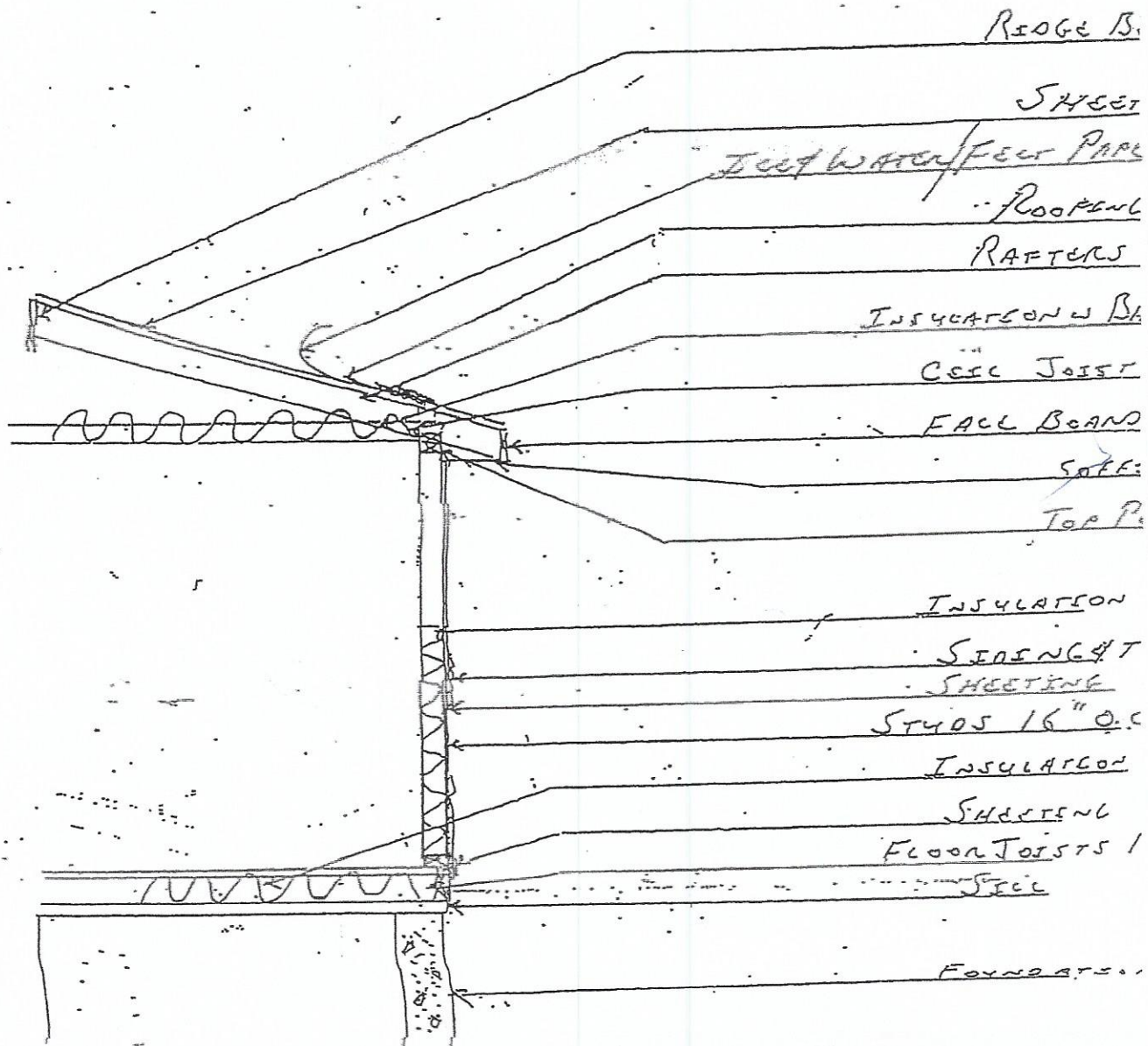
State of New York
Cattaraugus County
Town of Leon

Signature of Applicant: _____

Date: _____

ATTENTION
IT IS YOUR RESPONSIBILITY TO CALL THE BUILDING INSPECTOR
FOR EACH OF THE NECESSARY INSPECTIONS IN ORDER TO RECEIVE YOUR
CERTIFICATE OF OCCUPANCY

WALL SECTION



Town of Leon

Building Dept.

12195 Leon, New Albion Rd
Conewango Valley NY 14726

Phone (716) 307-3069

Fax (716) 257-9622

E mail [eastottoceo@gmail](mailto:eastottoceo@gmail.com)

APPLICATION FOR BUILDING OR DEMOLITION PERMIT

APPLICATION DATE _____ APPLICATION NUMBER _____

APPLICANT NAME _____ PHONE NUMBER _____

MAILING ADDRESS _____

ADDRESS OF PROJECT _____

TAX NUMBER _____

CONTRACTOR NAME AND ADDRESS _____

APPLICATION IS HEREBY MADE TO USE _____ ALTER _____ ERECT _____ DEMOLISH _____

- ☐ RESIDENCE
- ☐ ADDITION TO _____
- ☐ MANUFACTURED HOUSING
- ☐ MODULAR HOME
- ☐ COMMERCIAL BUSINESS
- ☐ ACCESSORY BUILDING
- ☐ POOL
- ☐ OTHER USE [DESCRIBE]

COST OF PROJECT _____

APPLICANT MUST PROVIDE A SET OF FLOOR PLANS, STRUCTURE PLANS AND PLOT PLAN
SHOWING DIMENSIONS FROM LOT LINES AND OTHER STRUCTURES

APPROVED ☐ REJECTED ☐ PERMIT FEE _____

BUILDING .10 CENTS PER SQUARE FT. OF FLOOR AREA [MINIMUM \$ 20.00]

DEMOLITION \$ 10.00

SWIMMING POOL \$ 25.00

STOVE AND OR CHIMNEY \$ 15.00

911 ADDRESS \$ 25.00

RESIDENTIAL SOLAR \$ 100.00

SURCHARGE FOR START OF CONSTRUCTION WITHOUT A PERMIT \$ 50.00

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 homeowner's 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 WC/DB-100 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:

Sworn to before me this _____ day of _____
_____ (County Clerk or Notary Public)

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.