Town of Clymer, New York

Information for Building and Zoning Permit

Building Permit Fees are Non- Refundable

Zoning: Site Plan Review_____ Date _____

Variance Required? _____ Date _____

Zoning Area Residential Agricultural/Residential

Zoning Board Approval / Disapproval Date _____

***Applicant** _____ Fee Paid _____

***Address** _____ Permit # _____

_____ ***Date** _____

_____

***Phone** _____ Signed _____

Application Date _____ Application # ____

Approved _____ Disapproved _____

Inspections Required for Certificate of Occupancy

(Signed by inspector)

Foundation _____ Date_____

Framing _____ Date_____

Plumbing _____ Date _____

Electrical _____ Date_____

Well/Septic _____ Date_____

Site Plan Inspection _____ Date _____

Final _____ Date _____

Health Department Review Required ? _____

Date Completed _____

Certificate of Occupancy # _____ Date _____

Certificate of Compliance # _____ Date _____

***Must be Completed**

*Name _____ *Address _____ Permit No. ____

*Approved _____ Disapproved _____ Date Issued ____

*Permit For _____

*Location _____ *Section ____ Block ____ Lot ____

CHAUTAUQUA COUNTY, NEW YORK
TOWN OF CLYMER
APPLICATION FOR BUILDING AND ZONING PERMIT

Note- No permit for new construction will be issued unless this application is properly filled out. At least two sets of plans, specifications, and a plot plan (see page four) must be submitted with this application.

INSTRUCTIONS

1. This application is to be filled out by typing or printing and must be submitted to the Code Enforcement Officer of the Town of Clymer.
2. The work covered by this application shall not be commenced before issuance of a Building Permit by the Code Enforcement Officer.
3. Upon approval of this application, a Building Permit will be issued to the applicant by the Code Enforcement Officer. The Building Permit shall be posted upon the premises in a conspicuous place so as to be visible from the street throughout the period of construction.
4. No structure or use for which a Building Permit has been issued shall be occupied or used in whole or in part upon completion for any purpose until a Certificate of Occupancy shall have been granted by the Code Enforcement Officer.

* Owner (if different from applicant)

Name_____ * Contractor _____

Address _____ Address _____

_____ _____

_____ _____

Phone _____ Phone _____

Certificates Received? ___General Liability

___ Workers' Compensation ___ Disability

Insurance Company Name _____ Policy # _____

(Last two types not required for sole proprietorships without employees)

Architect/Engineer Stamp Required? Y or N Name_____

Electrician _____ Plumber_____

AFFIDAVIT

STATE OF NEW YORK

ss:

CHAUTAUQUA COUNTY

I swear that to the best of my 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 all other laws pertaining to the proposed work shall be compiled with, whether specified or not, and that such work is authorized by the owner. I acknowledge that building code information relating to applicant's district has been received.

Signature of Owner _____ Date _____

(Architect, Contractor, Owner)

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

_____

NOTARY PUBLIC

Construction Information

New Construction _____Addition_____ Alteration _____

Other (please explain) _____

*Location _____

(Street number and name)

* Tax Map: Section _____ Block _____ Lot _____

Size of Lot _____x _____

* Cost of Project $_____Size (Square Feet) _____ # of Families _____

Date Work to Start _____ Date of Completion (Approximate)_____

Building Type _____

Intended Use _____

Foundation Type _____ Roof Material _____

Exterior Walls _____Interior Walls _____

Heating Facilities _____ Chimney Construction _____

Water Source: Well ____ Municipal ____ Engineer's Stamp ____ Fee Paid _____

Sewage Disposal: Public ____ Private ____ Perc ____ Fee Paid _____

Driveway Required? _____Date _____ Highway Supt. Signoff _____

Parking Lot Permit _____Sign _____ Flood Plain _____

If Mobile/Double-wide, HUD _____ NYS _____

Model Number _____ Serial Number _____ Year _____

State Permits Required?

SEQRA _____ Wetlands _____ Storm water Management _____

Right-of-way Permit _____ Easement _____UFPO# _____

UFPO -IT'S THE LAW!

CALL BEFORE YOU DIG

1-800-962-7962

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.

Left Side of lot _____ft.

Right Side of lot _____ft.

Front of Lot _____ft.

Street Name_____

Permit #_____

Town of Clymer

562 Clymer Sherman Rd, PO Box 274, Clymer, NY 14724
(716) 355-5008 Fax: (716) 355-5006

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

Town of Clymer

Building Fee Schedule

RESIDENTIAL

RESIDENTIAL STRUCTURES, MOBILE HOMES AND ADDITIONS INCLUDING ALTERATIONS AND REMODELING

$0.08 per square foot

COMMERCIAL

COMMERCIAL, BUISNESS OR INDUSTRIAL STRUCTURES AND ADDTIONS INCLUDING ALTERATIONS AND REMODELING

$0.10 per square foot

SHEDS, GARAGES, BARNS, STORAGE BUILDINGS, PORCH'S, DECK'S, ECT.

$0.08 per square foot Minimum $30.00

OTHER	
Building solely for Agricultural use	No charge
(Must already realize 75% of income from farming) otherwise	$0.08 sq ft
Demolition	$30
Sign for home occupation	$30
Swimming pool	$30
Any other residential permit	$30
Commercial Sign	$30
Vendor License	$30
Minimum permit cost	$30
ANYONE FOUND TO BE BUILDING W/O A PERMIT	$50 penalty

Also additional court charges may be imposed.

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