

Permit#_____

VILLAGE OF LAKEWOOD

20 WEST SUMMIT ST., LAKEWOOD, NY 14750

(716) 763-8557, ext. #203

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:_____

Email:_____

Proposed Work

☐New Building ☐Addition ☐Alteration

☐Move Building ☐Repair/Retrofit ☐Other _____

Description of Building Project

☐Single Family ☐HomeDuplex ☐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:_____**

Representative authorized to speak on behalf of owner in their absence:_____

Signature of Applicant_____ Date_____

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

Special approval needed: ☐Zoning Board ☐Planning Board ☐Municipal Board

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

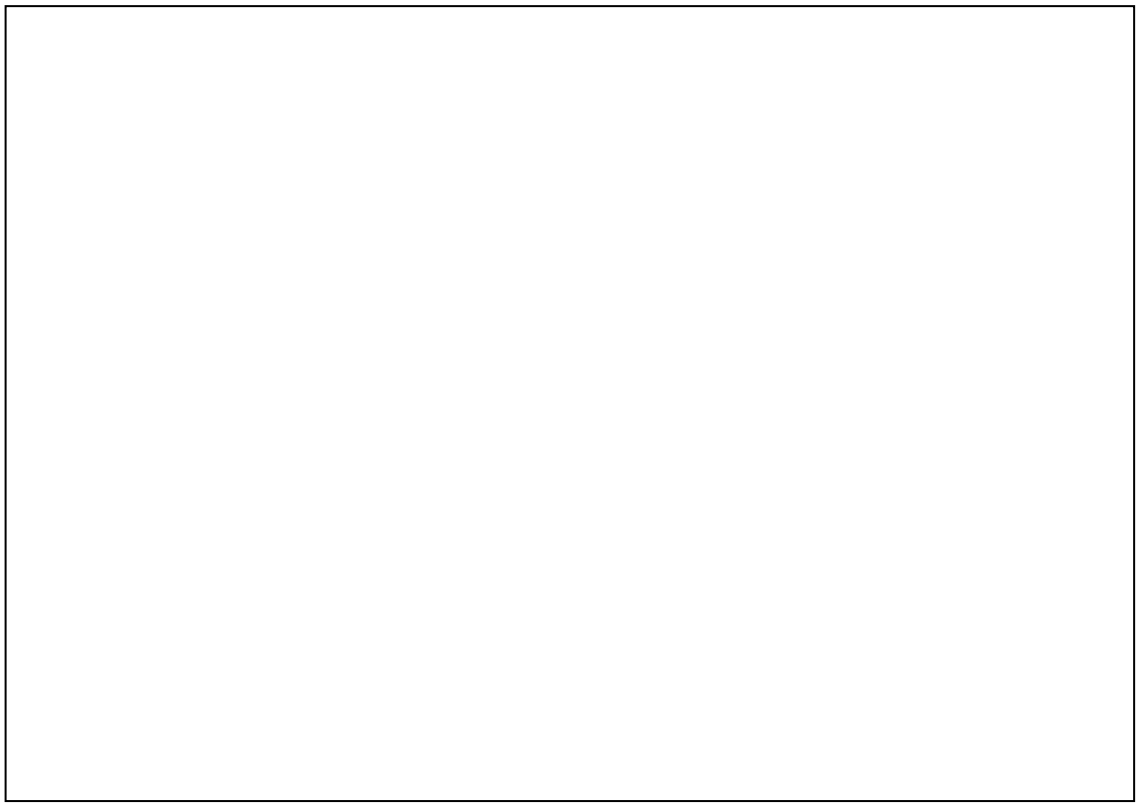
_____ _____

ISSUING OFFICER **DATE**

1. This page shall be 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

☐ R-1 Single-Family Residential
☐ R-2 Multiple-Family Residential
☐ R-3 Mobile Residential
☐ R-L Lakeside Residential
☐ B-1 Retail Business
☐ B-2 Highway Business
☐ L-1 Light Industrial
☐ F-P Flood Plain

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:_____

_____ _____
ISSUING OFFICER DATE

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_____