

Permit # _____

SEC _____ BLK _____ LOT _____

**BUILDING/ ZONING PERMIT APPLICATION
WESTFIELD. NEW YORK 14787**

PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS

NAME AND MAILING ADDRESS

GENERAL CONTRACTOR'S INFORMATION

(Phone) _____

(Phone) _____ (Cell) _____

WORKER'S COMPENSATION POLICY #

(Copy of Policy or exemption Certificate must be on file prior to issuance of a Building Permit)

PROPOSED WORK (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Demolish | <input type="checkbox"/> Sign | <input type="checkbox"/> Dry Rot Repair |
| <input type="checkbox"/> Chimney Repair | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Fire Repair |
| <input type="checkbox"/> Repair/Retrofit | <input type="checkbox"/> Fence | |

DESCRIPTION OF BUILDING PROJECT: (check or complete all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Shed | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Attached garage | <input type="checkbox"/> Detached garage | <input type="checkbox"/> Deck or porch |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Other _____ | |

Building/Sign Area (sq ft.): _____ Building/Fence/ Sign height (ft.): _____

of Stories _____ Distance to property line (ft.): _____

Addition Proposed (for buildings only): Floor Area _____

of Units _____ Total # of rooms _____

Lot Size (sq ft.): _____ Lot Dim. (FRONT/SIDE/REAR) _____ / _____ / _____

Coverage %: _____

Setbacks: Front _____ Rear _____ Left _____ Right _____

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The Following is information required to ensure compliance with all applicable Local, State, and Federal laws. (check all that apply)

- Flood Zone State/Federal Wetland DEC Coastal Erosion Zone
- NY State AG district Historical West RT. 5 Water dist.
- West RT. 5 sewer dist. Curb cut required Served by Municipal Water
- Served by Municipal Sewer New electric service Modifications to existing electrical service

INFORMATION REQUIRED ON ALL DRAWINGS FOR ALL BUILDINGS

- site plan drainage plan foundation and details floor plans
- wall elevations wall sections and details

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

BRIEFLY DESCRIBE THE WORK THAT IS PROPOSED:

Please include any necessary photographs that would aid in the application process.

X _____

APPLICANT SIGNATURE **DATE**

Fees Paid: \$ _____ cash check

Approved Rejected

BUILDING INSPECTOR **DATE**

OFFICE NOTES:
