

Building Permit # _____

Section/Block/Lot _____

BUILDING/ZONING PERMIT APPLICATION

WESTFIELD, NEW YORK 14787

[PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS]

OWNER'S NAME AND MAILING ADDRESS

GENERAL CONTRACTOR'S INFORMATION

(Phone) _____ (Cell) _____

(Phone) _____ (Cell) _____

WORKER'S COMPENSATION POLICY# _____

(Copy of Policy or an approved Affidavit must be on file prior to issuance of this Permit)

PROPOSED PROJECT:

(CHECK ALL THAT APPLY)

- Chimney Repair Wood/Pellet Stove Swimming Pool Other _____
- Fence Deck Porch/Sunroom _____

DESCRIPTION OF BUILDING PROJECT: (GIVE BRIEF DESCRIPTION OF PROJECT)

Location of work: (Address of Work Site) _____

(Area of Property/Room in the Building): _____

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

Setbacks: Front _____ Rear _____ Left _____ Right _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> West Rt. 5 Water District | <input type="checkbox"/> State/ Federal Wetland | <input type="checkbox"/> DEC Coastal Erosion Zone |
| <input type="checkbox"/> West Rt. 5 Sewer District | <input type="checkbox"/> Flood Zone | <input type="checkbox"/> NY State AG District |
| <input type="checkbox"/> Served by Municipal Water | <input type="checkbox"/> Historical | <input type="checkbox"/> Curb Cut Required |
| <input type="checkbox"/> Served by Municipal Sewer | <input type="checkbox"/> New Electric Service | <input type="checkbox"/> Property is a Corner Lot |
| <input type="checkbox"/> Modifications to an Existing Electrical Service | | |

INFORMATION REQUIRED ON ALL DRAWINGS

ALL PLANS SUBMITTED MUST BEAR THE STAMP AND SIGNATURE OF A DESIGN PROFESSIONAL REGISTERED WITH NEW YORK STATE (EXCEPT ONE AND TWO FAMILY DWELLINGS LESS THAN 1,500SQFT.OR WORK COSTING LESS THAN \$10,000.00)

- | | | |
|--|--|---|
| <input type="checkbox"/> Site plan | <input type="checkbox"/> Floor plans | <input type="checkbox"/> Manuf. specifications |
| <input type="checkbox"/> Plumbing plan | <input type="checkbox"/> Electrical plan | <input type="checkbox"/> Chimney ventilation location |

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

X

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY

EXISTING USE: _____ PROPOSED USE: _____

Fees Paid: \$ _____ cash check

Approved

Denied

Code Enforcement Officer

Date