



Permit# \_\_\_\_\_

**VILLAGE OF LAKEWOOD**  
20 WEST SUMMIT ST., LAKEWOOD, NY 14750  
(716) 763-6562

**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: \_\_\_\_\_

**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:** \_\_\_\_\_

**AFFIDAVIT**

STATE OF NEW YORK

SS:

CHAUTAUQUA COUNTY

I swear that to the best of 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 Zoning Codes and all other laws pretained to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

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

Hearing Date(s) \_\_\_\_\_ Action: \_\_\_\_\_ Date(s) \_\_\_\_\_

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**

- |                                                          |                                               |
|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> R-1 Single-Family Residential   | <input type="checkbox"/> B-1 Retail Business  |
| <input type="checkbox"/> R-2 Multiple-Family Residential | <input type="checkbox"/> B-2 Highway Business |
| <input type="checkbox"/> R-3 Mobile Residential          | <input type="checkbox"/> L-1 Light Industrial |
| <input type="checkbox"/> R-L Lakeside Residential        | <input type="checkbox"/> F-P Flood Plain      |

**Local, State & Federal Compliance (Where Applicable)**

- |                                     |                                                |                                                   |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Flood Zone | <input type="checkbox"/> State/Federal Wetland | <input type="checkbox"/> DEC Coastal Erosion Zone |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Curb Cut Required     | <input type="checkbox"/> New Electrical Service   |

**Property Information**

Lot Size(sq.ft) \_\_\_\_\_ Lot Dim. (FRONT/SIDE/REAR) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Setbacks: FRONT** \_\_\_\_\_ **REAR** \_\_\_\_\_ **LEFT** \_\_\_\_\_ **RIGHT** \_\_\_\_\_

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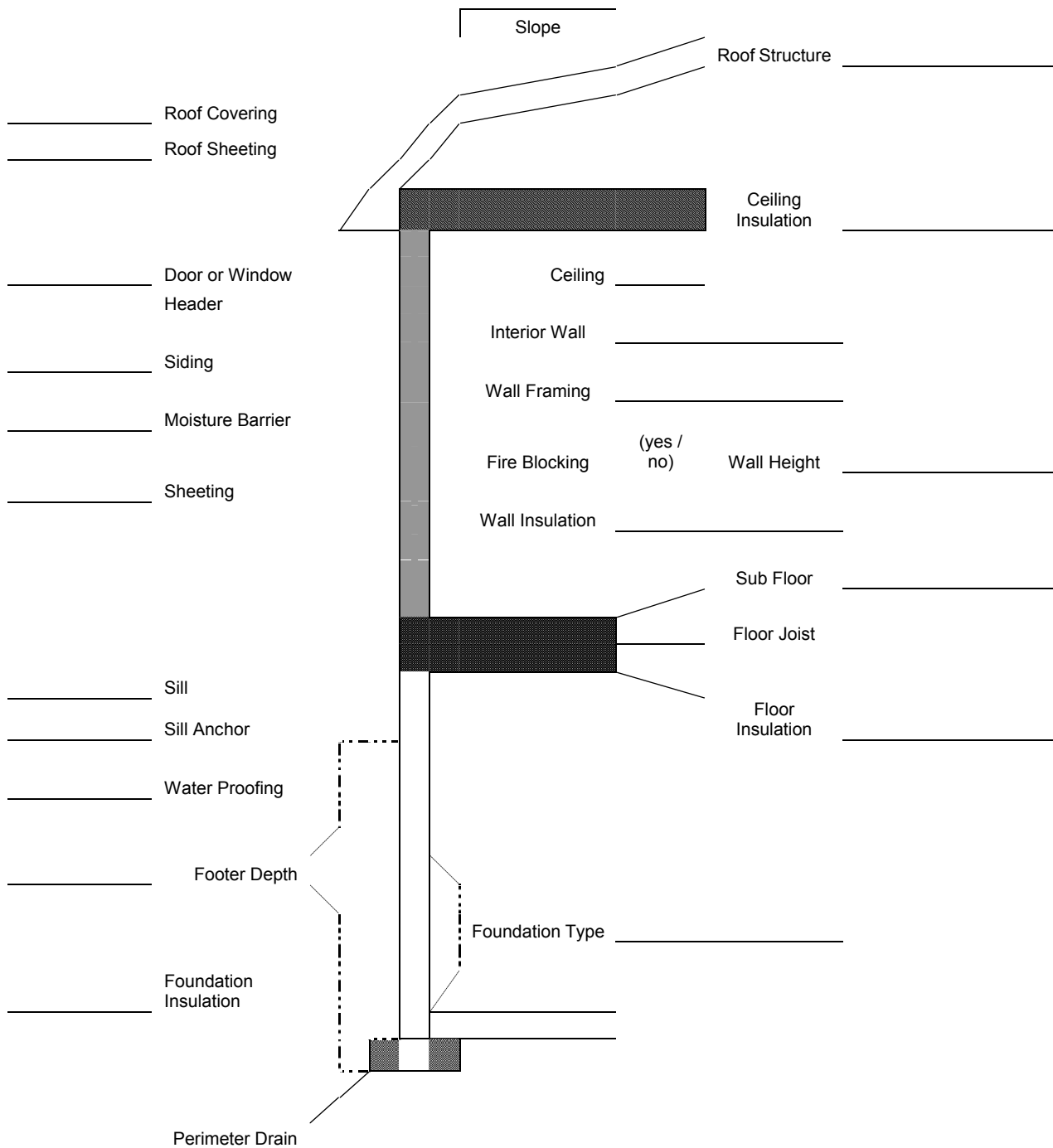
**Office Use Only**

Type of Construction: \_\_\_\_\_ Occupancy Classification: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

**X** \_\_\_\_\_  
ISSUING OFFICER DATE

# PLOT PLAN



## Typical Wall Section

Please fill in all Information

**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** \_\_\_\_\_