NO. _____

Town of Wayland

17 Main Street, Wayland NY 14572
Phone # 585-728-2467 Fax # 585-728-3556

APPLICATION FOR COMMERCIAL BUILDING PERMIT

APPLICATION DATE: _____

INSTRUCTIONS:

A One (1) COMPLETED copies of this application to be filled in by typewritter or in ink and submitted to the Code Enforcement Office. Any application which is missing information will be denied.

B. An APPROVED SITE Plan – Signed by Planning Board if applicable (New Construction)

C. A Plot Plan showing a DETAILED description of the location and position of any existing buildings, and their position in relation to nearby buildings, structures, and to any private or public streets or highways.

D. Two (2) COMPLETE sets of **STAMPED Architectural Drawings**, completed Plan Review Form, detailed drawings and/or blueprints for any new construction/additions/ renovations/rehabilitations.

E. The work covered by this application shall not be commenced BEFORE the issuance of a Building Permit .

F. Upon approval of this application, the Code Enforcement Officer will issue a Building Permit to the applicant and return one (1) set of the plans and application. The permit shall be kept on the premises during the progress of the work. Building Permits are good for a period of **ONE (1) YEAR** from Issue.

G. The Building Inspector shall have the right to enter upon the premises for the purpose of inspection of the construction covered by this application at any time during the construction period without notice.

H. NO Building shall be occupied or used in whole or in part for any purpose until a CERTIFICATE OF OCCUPANCY shall have been granted by the Code Enforcement Office, except that for certain uses as provided in the local Zoning Ordinances.

APPLICATION IS HEREBY MADE to the Code Enforcement Office for the issuance of a Building Permit, pursuant to the Zoning Ordinance of the Town of Wayland for the construction as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Signature of Applicant **Address**

1. Owner Name:_____ Company Name:_____

   Owner Address:_____ Owner Phone#: _____

2. Contractor:_____ Contractor Phone#: _____

   Workmans' Compensation & Disability Carrier & Policy #:_____

   ** **A COPY OF YOUR INSURANCE CERTIFICATE MUST ACCOMPANY THIS FORM – NO EXCEPTIONS**

3. Location of land on which the proposed work will be done:_____

4. Tax Map No.:_____ [can be found on tax bill]

5. Present Use : _____ Proposed Use: _____

6. Nature of Work: _____

7. Estimated Cost of Project: $_____ # Stories: _____ Size & Area of Lot: _____

8. Dimension of construction: _____ Zoning District: _____

9. Will the proposed construction require a variance from the Local Zoning Ordinance or Regulations?: _____
   If YES – Type of variance:_____ ZBA Application Date : _____

10. ALL COMMERCIAL Permits require Planning Board Review – review date:_____

11. **E911** : Does this parcel require a new address [ ] Yes _____ [ ] NO

FEE(S): Plan Review$ ____ Building$_____Planning:$____ ZBA Varience:$____C/C-C/O_____**TOTAL:$**_____

12. A PLAN REVIEW PACKAGE SHALL BE FILLED OUT AND ACCOMPANY THE BUILDING PERMIT

APPLICATION. ALL APPLICATIONS SHALL HAVE THE FOLLOWING DOCUMENTATION SUBMITTED IN ADDITION TO THE BUILDING PERMIT:

Site Plan :_____
Soils Report:_____
Building Design Plans:_____
Building Design Plan-Structural: _____
Mechanical Plans:_____
Fuel Gas Plans:_____
Fire Protection System Drawings_____
Enery Conservation Calculations_____

Specifications:_____
Structural Calculations:_____
Life Safety Plans:_____
Structural Calculations: _____
Plumbing Plans:_____
Electrical Plans:_____
Fire Protection Sys. Calculations:_____
Occupancy Requirements: _____

Failure to submit the required documentation will result in denial of your application!

The PLOT Diagram plan shall reflect the criteria as specified by the Planning Board of the Village Of Wayland/Town of land, shown on page 3 of this application or on sparate drawings shall show:

Location of any/all existing building or structures on the lot
Location of proposed construction on the lot with setbacks of front, side and rear clearly indicated
Property Lines and Street Names
Surface elevation and drainage

The tile field for the disposal off the effluent from a septic tank shall NOT be covered until an inspection shall have n made by an authorized person and approved as meeting the requirements of the State Department of Health. If licable –**AN ENGINEERED SYSTEM BY A LICENSED DESIGN PROFESSIONAL Must be on file with this office** Any other permits as required by Local ordinance or the Code Enforcement Offical or County.

_____

_____**HEREBY CERTIFIES** THAT HE/SHE IS THE applicant and owner named above; and all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will erformed in the manner set forth in this application and in the plans and specifications filed therewith.

TRACTORS CERTIFICATION: I hereby certify that all items in the Sign Ordinance will be enforced.

_____
Signature of Applicant

_____
Signature of Contractor

ROVED
PPROVED_____
Code Enforcement Officer

_____

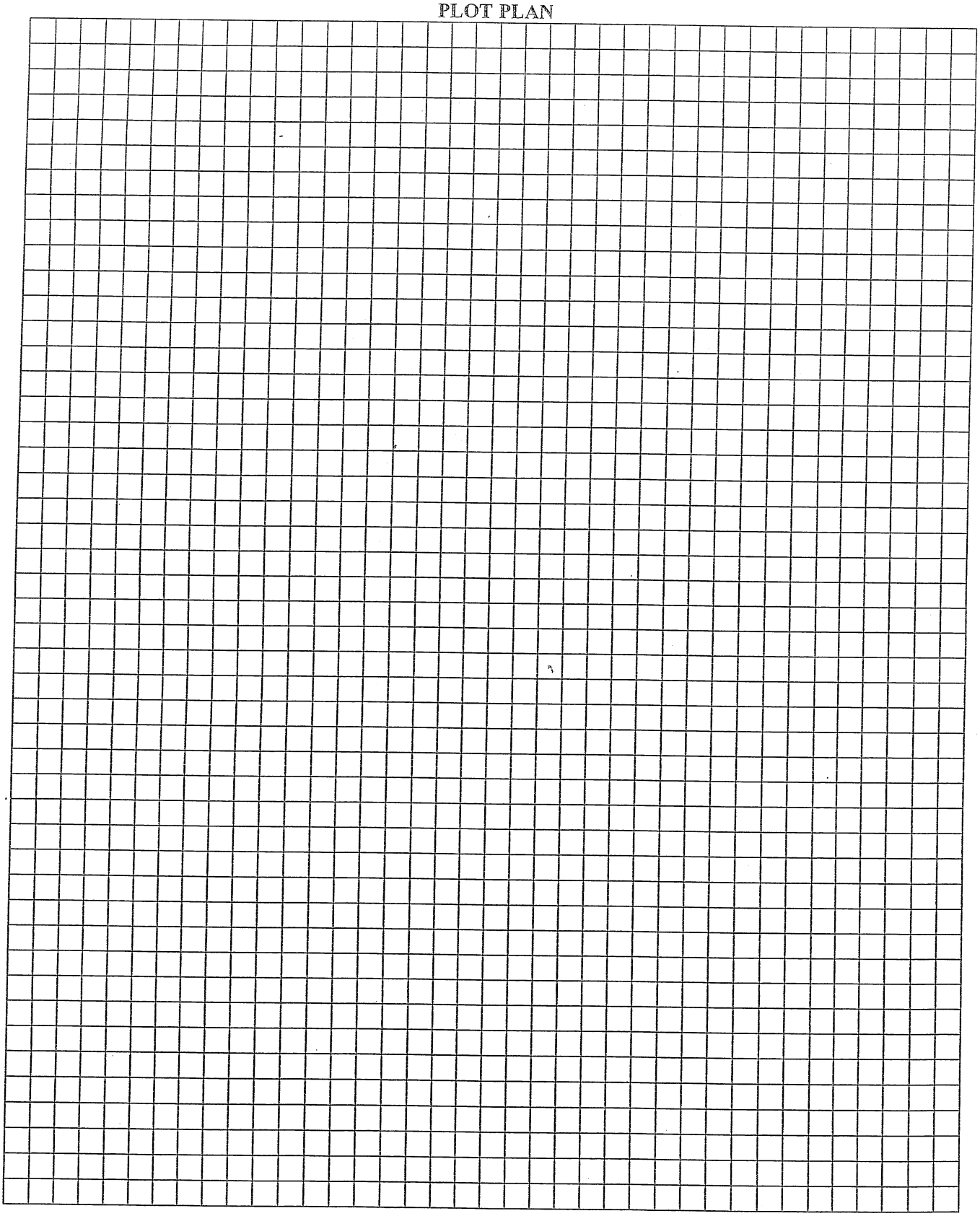
lication is hereby made to the Zoning Board of Appeals and/or Planning Department for a Variance/Special Use mit for the use of the premises as described above for which an application for a permit has been denied based n the following information

_____
_____
_____
_____

_____
Code Enforcement Officer

lse Only: CERTIFICATE OF COMPLIANCE issued on ____/_____/_____ _____
Code Enforcement Officer

PLOT PLAN



Petition to Board of Appeals

The Board of Appeals, Town of Wayland:

ed:_____ 20_____

Signed:_____
Petitioner

---

on by the Board of Appeals of the Town of Wayland on the above stated matter:

ed: _____ 20_____

Attest: _____
Secretary, Board of Appeals

_____ Chairman

_____ Member

_____ Member

_____ Member

_____ Member