NO. _____

Town of Wayland
110 N. Main Street
Wayland, NY 14572
Phone: 585-728-2467 Fax: 585-728-9161

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

ONE-TWO FAMILY

New/Renovation/Repair

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. 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.

C. Two (2) COMPLETE sets of **STAMPED Architectural Drawings**, detailed drawings or blueprints for any new construction/additions/ renovations/rehabilitations. If required by Code Officer.

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

E. 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**. Work must start within 6-months of issue**

F. 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.

G. 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.

PLEASE PRINT:

1. Owner Name:_____ Company Name:_____

   Owner Address:_____ Owner Phone#: _____

   Home Owners Ins. Agent_____ Agent Phone#_____

2. Contractor:_____ Contractor Phone#: _____

   Workmans' Compensation & Disability Carrier & Policy #:_____

   **** A COPY OF YOUR WORKER'S COMP/LIABILITY 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 : _____ Planning Date: _____

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

FEE(S): Building$_____Planning:$_____ ZBA Varience:$_____C/C-C/O____ **TOTAL:$**_____

11. The following criteria shall be readily available and identifiable on the submitted prints/plans:

Building Type:	SQFt. Habitable Space:	Sq.Ft NonHabitable Space:	Design Criteria :
Exits & Egresses:	Stairs:	Light/Ventilation:	Window/Door Scedules:
Smoke Detection	Separations:	Rafter Spans:	Truss Drawings:
Foundation/Footing:	Insulation:	Mechanical Req:	Plumbing Req:
Electrical Req:	Heating Systems:	Roof Construction/Covering:	Garages/decks
Solid Fuel burning Appliances:		Compliance w/NYS Energy Code	
Compliance with Local Zoning Ordinances			

12. The PLOT Diagram, shown on page 3 of this application or on separate drawing 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

13. The tile field for the disposal off the effluent from a septic tank shall NOT be covered until an inspection shall have been made by an authorized person and approved as meeting the requirements of the State Department of Health. If applicable –**AN ENGINEERED SYSTEM BY A LICENSED DESIGN PROFESSIONAL Must be on file with this office**
14. Any other permits as required by Local ordinance or the Code Enforcement Offical.
15. Is this property in 100 year Floodplain? Yes or No

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

_____
Signature of Applicant, Owner or Contractor

APPROVED/DISAPPROVED_____**DATE**_____
Code Enforcement Officer

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

_____

_____

_____

_____

_____
Code Enforcement Officer

Office Use Only:

CERTIFICATE OF COMPLIANCE issued on _____/_____/_____

_____
Code Enforcement Officer

SITE PLAN

1ST RENEWAL OF PERMITS IS THE COST OF ORIGINAL PERMIT AND WILL REQUIRE A CODE OFFICER INSPECTION BEFORE RENEWAL

RENEWAL OF A PERMIT FOR THE 2ND TIME WILL INCREASE TO DOUBLE THE COST OF THE ORIGINAL PERMIT AND WILL REQUIRE THE CODE OFFICER INSPECTION BEFORE RENEWAL

RENEWAL OF A PERMIT FOR THE 3RD TIME WILL BE AT THE CODE OFFICERS DISCRESION

ENGINEERED PLANS ARE REQUIRED FOR PROJECTS OVER 1500 SQ FT OR $20,000