

**TOWN OF ELLICOTT
APPLICATION FOR BUILDING PERMIT
and/or CERTIFICATE OF ZONING COMPLIANCE**

Application/permit no. _____ Date: _____

LOCATION: _____
Street number and name

TAX MAP: SECTION _____ BLOCK _____ LOT _____ Zoning Classification: _____

APPLICANT: _____
Name Address City State

PROPERTY OWNER: _____
Name Address City State

CONTRACTOR/BUILDER: _____
Name Address City State

1) State Type of Occupancy/Use of Structure: Existing: _____
Proposed: _____

2) Proposed Nature of Work: New Building _____, Addition _____, Alterations _____, Demolition _____,
Electrical _____, Other (state proposed) _____

3) Estimated Cost of Project: \$ _____ Total Sq. Footage of
Construction Project: _____ (All Floors)

4) Type of Construction: No. of No. of
Size of Building _____ x _____ ft Rooms _____ Stories _____
Size of Basement _____ x _____ ft Roof Pitch _____ Height of Construction _____

5) Type of Material:
Outer Wall Construction _____
Interior Wall Finish _____
Roof Construction & Material _____

6) Heating Facilities: Electric _____, Gas _____, Wood _____, Other _____ (state) _____

7) Chimney Construction: Masonry _____, Flute Pipe _____, Other _____ (state) _____

8) Water Source or Supply to be Utilized: Public _____, Private _____, Other _____ (state) _____

9) Disposition of Sewage Waste: Public Sewer _____, Private System _____, Other _____ (state) _____

10) Construction will require (New or Revised) Electrical Wiring: Yes _____ No _____
Electrical Contractor: New _____ Revised _____

11) Project will require a Driveway Cut: Yes _____ No _____ (If on State or County Highway, appropriate
permit must be attached)

APPLICATION IS HEREBY MADE TO THE TOWN OF ELLICOTT FOR THE ISSUANCE OF A BUILDING AND/OR A CERTIFICATE OF ZONING COMPLIANCE PURSUANT TO THE UNIFORM FIRE PREVENTION AND BUILDING CODES AND STANDARDS FOR CONSTRUCTION OF NEW BUILDINGS, ADDITIONS, ALTERATIONS, CHANGE OF OCCUPANCY, REMOVAL OR DEMOLITION, THE SANITARY CODE OF THE CHAUTAUQUA COUNTY HEALTH DEPARTMENT AND REGULATIONS OF THE NEW YORK DEPARTMENT OF TRANSPORTATION AS DESCRIBED HEREIN.

- Show property/lot size, location of any existing buildings or structures on property and any buildings or structures on adjoining property within 10 feet of property lines.
- Show location of the proposed work in relation to surrounding buildings or structures, street lines (front yard setback), side property line (side yard setback) and rear property line (rear yard setback) with distances indicated.

All applications for commercial buildings or projects must attach additional information detailing drainage, landscape plans, off-street

SITE PLAN
(Draw to Scale)

IT'S THE LAW – TWO FULL WORKING DAYS BEFORE YOU DIG CALL 1-800-962-7962

THIS APPLICATION MUST BE ACCOMPANIED BY: One (1) complete set of plans showing the proposed construction details (floor plans, elevations, sections, electrical, plumbing, heating, sewage disposal, etc.). Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and/or installed along with the details of the structural framing.

The work covered by this application shall not be started prior to the issuance of the Building Permit and/or Certificate of Zoning Compliance.

FEE PAID (ZONING) \$ _____

CHECK NO. _____
(Receipt No.)

(BUILDING) _____

CASH _____
(Receipt No.)

Signature of Applicant or Agent

DATE RECEIVED: _____

Address

ZONING APPROVAL: _____

City, State & Zip Code

Telephone

APPLICATION APPROVED: _____

APPLICATION DENIED: _____