

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

Application/permit no. \_\_\_\_\_ New Tax Map # \_\_\_\_\_ Date: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
*Street number and name*

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 \_\_\_\_\_,  
Solar \_\_\_\_\_ 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.

**ALL APPLICANTS MUST COMPLETE BOTH SIDES OF APPLICATION**

- Show property/lot size, location of any existing buildings or structure 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

APPLICATION APPROVED: \_\_\_\_\_

\_\_\_\_\_  
Telephone

APPLICATION DENIED: \_\_\_\_\_