

Village of Wellsville

Application for Commercial Building Renovation Permit



156 N Main Street
Wellsville, NY 14895
585-596-1755
585-593-2760 Fax
www.wellsvillenyny.com

INSTRUCTIONS

The undersigned hereby makes application for the work indicated on this form and required documentation. This application will be reviewed by the code enforcement official, whose review will be based on the supplied documentation. The permit will be issued when all review notes are addressed, contractor insurances are on file, and permit fees are paid.

COMPLETE PERMIT PACKAGE CHECKLIST

Incomplete applications will not be accepted

WC /DIS Insurance for each Contractor

submit one of the following:

- Exemption Form CE-200
Proof of Coverage U26.3 or C105.2
Homeowner as Contractor BP-1

- Completed application
Energy conservation statements
3 sets of stamped architectural plans
Sprinkler & Alarm plans

APPLICATION INFORMATION

Address of Job Site
Business Name
Nature of Work
Work Start Date
Estimated End Date
Estimated Value of Work

- Occupancy type: Assembly (A), Business (B), Educational (E), Factory (F), High-Hazard (H), Institutional (I), Mercantile (M), Residential (R), Storage (S), Utility (U)

OUR OFFICE ISSUES COMMENTS AND FINAL CERTIFICATES VIA EMAIL. PLEASE DOUBLE CHECK EMAIL ADDRESSES.

Applicant's Name, Best phone #, Applicant's Address, Applicant's Email, Owner's Name, Best phone #, Owner's Address, Owner's Email, Contractor's Name, Best phone #, Contractor's Address, Contractor's Email

BUILDING OWNER CERTIFICATION

To be signed by owner (if not applicant) or submit a letter from landlord

I, _____, hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand I cannot occupy or use area of work until completed and final certificates are issued by the Town of Victor. I further understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local zoning code.

Signature of Owner/title: _____ Date _____

PROJECT DATA AND CONTACT INFORMATION

Square Footage: First Floor _____ Second Floor _____ Other _____

Is this project in a flood plain? _____ If so, a Floodplain Development Permit may be required. Contact the CEO.

Fire alarm system to be installed? _____ Local or Monitored system? _____

Contact person on site: _____ phone _____

Plumbing contractor: _____ phone _____

Electrical contractor: _____ phone _____

HVAC contractor: _____ phone _____

Sprinkler contractor: _____ phone _____

Acceptance does not relieve the agent, applicant, architect, builder, engineer, or owner from complying with any of the provisions of the NYS Building Code, Energy Code, SEQR Act, Local Zoning, etc., whether stated, implied, or omitted in the plans and specifications submitted for the building permit. Incorrect information may result in revocation of permit.

Signature of Applicant: _____ Date _____

1 APR17 Version

For Office Use Only

Examined by _____

Total Permit Fee _____

Approved/Denied by _____

Receipt # _____

Permit # _____

Date Issued _____