

**Application Commercial
New Building Permit**



Village of Wellsville

156 N MAIN STREET
Wellsville, NY 14895

585-596-1755

585-593-7260 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

- | | | |
|--|--|---|
| <input type="checkbox"/> Completed application | <input type="checkbox"/> 3 sets of stamped architectural plans | <input type="checkbox"/> Sprinkler & Alarm plans |
| <input type="checkbox"/> Building specifications | <input type="checkbox"/> Special Inspector Information | <input type="checkbox"/> Energy conservation statements |

APPLICATION INFORMATION

Address of Job Site _____ Work Start Date _____

Business Name _____ Estimated End Date _____

Nature of Work _____ 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)

Is the property located in the floodplain? ___ y ___ n If yes, a Floodplain Development Permit may be required. Contact the CEO.

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 _____ | |

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 Conservation Construction 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 _____

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 Village of Wellsville. 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 _____

Heating systems/type: furnace boiler heat pump other _____
 forced air radiant circulating other _____

Setbacks: Front _____ Right side _____ Left side _____ Rear _____

Is this project in a flood plain? ___ y ___ n If yes, a Floodplain Development Permit may be required. Contact the CEO.

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

Fire Safety Plan to be written by? _____ phone _____

Contact person on site: _____ phone _____
Plumbing contractor: _____ phone _____

Electrical contractor: _____ phone _____

HVAC contractor: _____ phone _____

Sprinkler contractor: _____ phone _____

1APR 17 Version

For Office Use Only

Signature _____ Date _____

Approved/Denied by _____

Permit Fee _____

