

Zoning Application - FENCE



Village of Wellsville
Code Enforcement Office
156 North 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 is to 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

- Completed application
- Survey map, showing all existing structures, and proposed fence placement.
- Provide WC/DIS Insurance**
Submit one of the following: Exemption Form CE-200 Proof of Coverage U26.3 or C105 or Homeowner as Contractor BP-1

APPLICANT INFORMATION

Address of Jobsite: _____
Owner Name: _____
Owner Contact Information: Phone _____ e-mail address _____
Contractor Name: _____
Contractor Address: _____
Contractor Phone: _____ Email: _____

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

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: _____

1APR 17 VER

For Office Use Only

Approved/Denied: _____

Permit Fee _____

Receipt # _____

Permit # _____

Date Issued _____