

VILLAGE OF LEICESTER
Livingston County, New York

APPLICATION FOR RESIDENTIAL BUILDING PERMIT
ONE-TWO FAMILY

APPLICATION DATE: _____

INSTRUCTIONS:

- A. **Two (2) COMPLETED** copies of this application to be filled in by typewriter or in ink and submitted to the Code Enforcement Office. Any application which is missing information will be denied.
- B. **A Plot Plan** showing a DETAILED description of the location and position of any existing buildings, and their position in relation to nearby buildings, structures, and to any private or public streets or highways.
- C. **Two (2) COMPLETE** sets of **STAMPED Architectural Drawings**, detailed drawings or blueprints for any new construction/additions/ renovations/rehabilitations.
- D. The work covered by this application shall not be commenced BEFORE the issuance of a Building Permit .
- E. Upon approval of this application, the Code Enforcement Officer will issue a Building Permit to the applicant and return one (1) set of the plans and application. The permit shall be kept on the premises during the progress of the work. Building Permits are good for a period of **ONE (1) YEAR** from Issue.
- F. The Building Inspector shall have the right to enter upon the premises for the purpose of inspection of the construction covered by this application at any time during the construction period without notice.
- G. NO Building shall be occupied or used in whole or in part for any purpose until a CERTIFICATE OF OCCUPANCY shall have been granted by the Code Enforcement Office, except that for certain uses as provided in the local Zoning Ordinances.

APPLICATION IS HEREBY MADE to the Code Enforcement Office for the issuance of a Building Permit, pursuant to the Zoning Ordinance of the Village of Leicester for the construction as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Signature of Applicant	Address

1. Owner Name: _____ Company Name: _____
 Owner Address: _____ Owner Phone#: _____
2. Contractor: _____ Contractor Phone#: _____

Workmans' Compensation & Disability Carrier & Policy #: _____
**** A COPY OF YOUR INSURANCE CERTIFICATE MUST ACCOMPANY THIS FORM - NO EXCEPTIONS**

3. Location of land on which the proposed work will be done: _____
4. Tax Map No.: _____ [can be found on tax bill]
5. Present Use : _____ Proposed Use: _____
6. Nature of Work: _____
7. Estimated Cost of Project: \$ _____ # Stories: _____ Size & Area of Lot: _____
8. Dimension of construction: _____ Zoning District: _____
9. Will the proposed construction require a variance from the Local Zoning Ordinance or Regulations?: _____
 If YES – Type of variance: _____ ZBA Application Date : _____ Planning Date: _____
10. E911 : _____
 Does this parcel require a new address [] Yes [] NO

FEE(S): Building\$ _____ Planning:\$ _____ ZBA Variance:\$ _____ **TOTAL:\$ _____**

11. The following criteria shall be readily available and identifiable on the submitted prints/plans:

Building Type:	SQFt. Habitable Space:	Sq.Ft NonHabitable Space:	Design Criteria :
Exits & Egresses:	Stairs:	Light/Ventilation:	Window/Door Schedules:
Smoke Detection	Separations:	Rafter Spans:	Truss Drawings:
Foundation/Footing:	Insulation:	Mechanical Req:	Plumbing Req:
Electrical Req:	Heating Systems:	Roof Construction/Covering:	Garages/decks
Solid Fuel burning Appliances:		Compliance w/NYS Energy Code	
Compliance with Local Zoning Ordinances			

12. The PLOT Diagram, shown on page 3 of this application or on separate drawing s shall show:

- Location of any/all existing building or structures on the lot
- Location of proposed construction on the lot with setbacks of front, side and rear clearly indicated
- Property Lines and Street Names
- Surface elevation and drainage

13. The tile field for the disposal off the effluent from a septic tank shall NOT be covered until an inspection shall have been made by an authorized person and approved as meeting the requirements of the State Department of Health. If applicable – a PERMIT of SEWAGE DISPOSAL System from the County Health Department is to be attached.

14. Any other permits as required by Local ordinance or the Code Enforcement Official.

HEREBY CERTIFIES THAT HE/SHE IS THE applicant and owner named above; and that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in this application and in the plans and specifications filed therewith.

CONTRACTORS CERTIFICATION: I hereby certify that all items in the Sign Ordinance will be enforced.

Signature of Applicant

Signature of Contractor

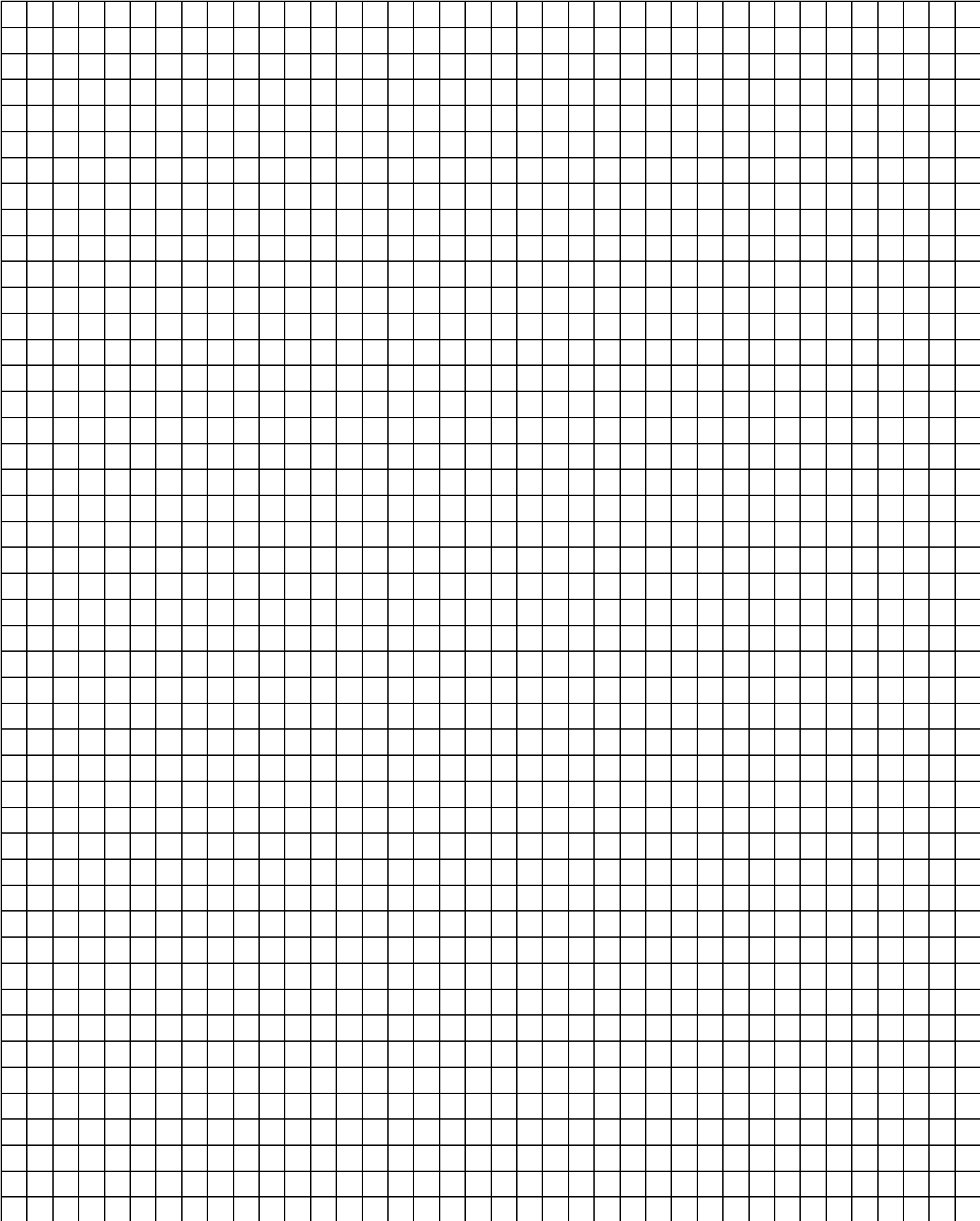
APPROVED
DISAPPROVED _____
Code Enforcement Officer

<p>Application is hereby made to the Zoning Board of Appeals and/or Planning Department for a Variance/Special Use Permit for the use of the premises as described above for which an application for a permit has been denied based upon the following information</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">_____ Code Enforcement Officer</p>
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Office Use Only:

CERTIFICATE OF COMPLIANCE issued on ____/____/____

SITE PLAN



Petition to Board of Appeals

To: The Board of Appeals, Town/Village of _____:

Dated: _____ 20 _____

Signed: _____
Petitioner

Action by the Board of Appeals of the Town/Village of _____ on the above stated matter:

Dated: _____ 20 _____

Attest: _____
Secretary, Board of Appeals

Chairman

Member

Member

Member

Member