



VILLAGE OF CHURCHVILLE

(585) 293-3720

BUILDING PERMIT GENERAL INFORMATION

- Application must be filled out in full
- Copy of instrument survey map of property **MUST** be included with application
- Draw proposed project on map showing placement of project, dimensions and setbacks
- Include builders or installers name, address, phone number and include proof of insurance (liability & work comp.)
- Cost of project
- All swimming pools, wood stoves and gas fireplaces require a copy of the product manual and/or installation manual, or must bear an identifiable tag or label stating the manufacturer and model number.

PLEASE NOTE:

Construction must be started within (6) six months of issuance of permit and completed within the next (12) twelve months (total of 18 months)
or

If your permit is for a fence you must start and finish your fence within (6) six months.



Village of Churchville

23 E Buffalo St - PO Box 613
Churchville, NY 14428

Tel: (585) 293-3720 Fax: (585) 293-2590

www.churchville.net

PERMIT NUMBER

For office use only

Building Permit Application

PRINT OR TYPE APPLICATION

Contact Building Inspector with questions: 585-293-3720 x134

* required

*Reason for application: New Structure: Res <input type="checkbox"/> Comm <input type="checkbox"/> Addition: Res <input type="checkbox"/> Comm <input type="checkbox"/> Alteration: Res <input type="checkbox"/> Comm <input type="checkbox"/> Demolition: Res <input type="checkbox"/> Comm <input type="checkbox"/> Conversion: <input type="checkbox"/> Relocation: <input type="checkbox"/> Pool (above ground): <input type="checkbox"/> Deck: <input type="checkbox"/> Pool (in ground): <input type="checkbox"/> Stove/Fireplace: <input type="checkbox"/> Hot Tub: <input type="checkbox"/> Sign: <input type="checkbox"/> Shed (over 100 sf): <input type="checkbox"/> Driveway: <input type="checkbox"/> Gas Appliance: <input type="checkbox"/> Fence: <input type="checkbox"/> Roofing: <input type="checkbox"/> Other: <input type="checkbox"/> _____		*Date Submitted: _____ *Plans Submitted (2 sets): _____ (Include manufacturer's brochures when available) *Survey Map Submitted: _____ Truss Type Construction Disclosure: _____ (Required for roof construction)
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PROPERTY/PROJECT INFORMATION:

*Property Address: _____

*Owners Name: _____ *Owners Phone Number: _____

Subdivision Name (if applicable): _____ Lot Number: _____

*If this is a residential structure, is it pre-1978 construction? Yes No *Does this project require lead remediation? Yes No

Tax Map Parcel Number(s): _____ Parcel Width: _____ Parcel Depth: _____

Property Zoning District: _____ Property Class: _____

*Occupancy Class: Residential Commercial Other _____ Construction Type: _____

*Description of Proposal: _____

*Dimensions of Project: _____ *Area: _____ square feet

*Value of Construction: _____

CALL BEFORE YOU DIG
UFPO
 1-800-962-7962 or dial 811
 for utility stakeout locations

NOTICE TO BUILDING PERMIT APPLICANTS
 An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials per NYS Industrial Code Rule 56. For further information, please see the NYS website at www.labor.ny.gov

COMPLETE APPLICATION ON REVERSE SIDE

CONTRACTOR INFORMATION:

* required when applicable

Self/no employees (if yes, skip to Certification of Statements)

*Contractor/Company: _____

*Contract Name: _____ *Phone Number: _____

*Contractor Address: _____ *City: _____ *State: _____ *Zip: _____

*Contractor E-mail Address: _____ *Alternate Phone Number: _____

*Liability Insurance Certificate: on file attached n/a

*Workers' Comp Ins. Certificate: on file attached n/a waiver

*Lead Certification: on file attached n/a

*Architect Name: _____ *Phone Number: _____

*Architect Address: _____ *City: _____ *State: _____ *Zip: _____

***Certification of Statements:**

NOTE: Commencement of construction shall not begin until this application is approved and signed by the Building Inspector.

The applicant(s) hereby affirm that the above information is accurate and complete to the best of their knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

I/We hereby certify that I/we are the title owners(s) of the property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

Applicant Signature: _____

Owner Signature: _____

Applicant Name (printed/typed): _____

Owner Name (printed/typed): _____

Mailing Address: _____

Mailing Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

FOR OFFICE USE ONLY:

Is the parcel in a flood plain? Yes No Map # _____ Map Date _____

Does this require a Truss Type Construction Disclosure? Yes No

- Approvals:
- Planning Board
 - Zoning Board
 - N/A

- Building Inspector:
- Approved
 - Disapproved

Building Inspector Signature: _____ Date: _____

ORIGINAL: Property File COPY: Applicant Village Clerk Town of Riga Assessor

Fees for this permit:

Building: \$ _____

C of O, C of C: \$ _____

Sewer Connection: \$ _____

Other: _____ \$ _____

TOTAL: \$ _____