

Zoning Dept. Use Only  
 Approved \_\_\_\_\_  
 Denied \_\_\_\_\_  
 ZEO Initials \_\_\_\_\_

**Zoning Permit Application**  
**Village of Warsaw**  
**15 S. Main St**  
**Warsaw, NY 14569**  
**(585) 786-2120**

Fee to be paid upon filing  
 this application \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Check \_\_\_\_\_ Cash \_\_\_\_\_

**Instructions:**

1. This application must be completely filled in by computer or ink and submitted in duplicate to the Village Clerk.
2. A plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be submitted with this application.
3. The work covered in this application shall not commence prior to issuance of a Zoning/Building Permit.
4. Upon approval, the Zoning Officer shall issue a Zoning permit to the applicant. Such permit and specifications shall be kept on premises available for inspection throughout the work progress.
5. No building shall be occupied or used in whole or in part for any purpose, until a certificate of occupancy has been issued for such use by the Village of Warsaw Building Department.
6. Upon permit issuance, all work is to be completed within 12 months or a permit renewal must be obtained.
7. **This is the only application that will be accepted for work in the Village of Warsaw- any other forms modified from other municipalities etc will be DENIED and sent back to the owner.**

**8. PLEASE BE ADVISED- PERMIT TURNAROUND IS 7-10 BUSINESS DAYS.**

**9. IF PERMITS ARE NOT PICKED UP AND DISPLAYED AT THE LOCATION BEFORE WORK COMMENCES YOU WILL BE SUBJECT TO A FINE.**

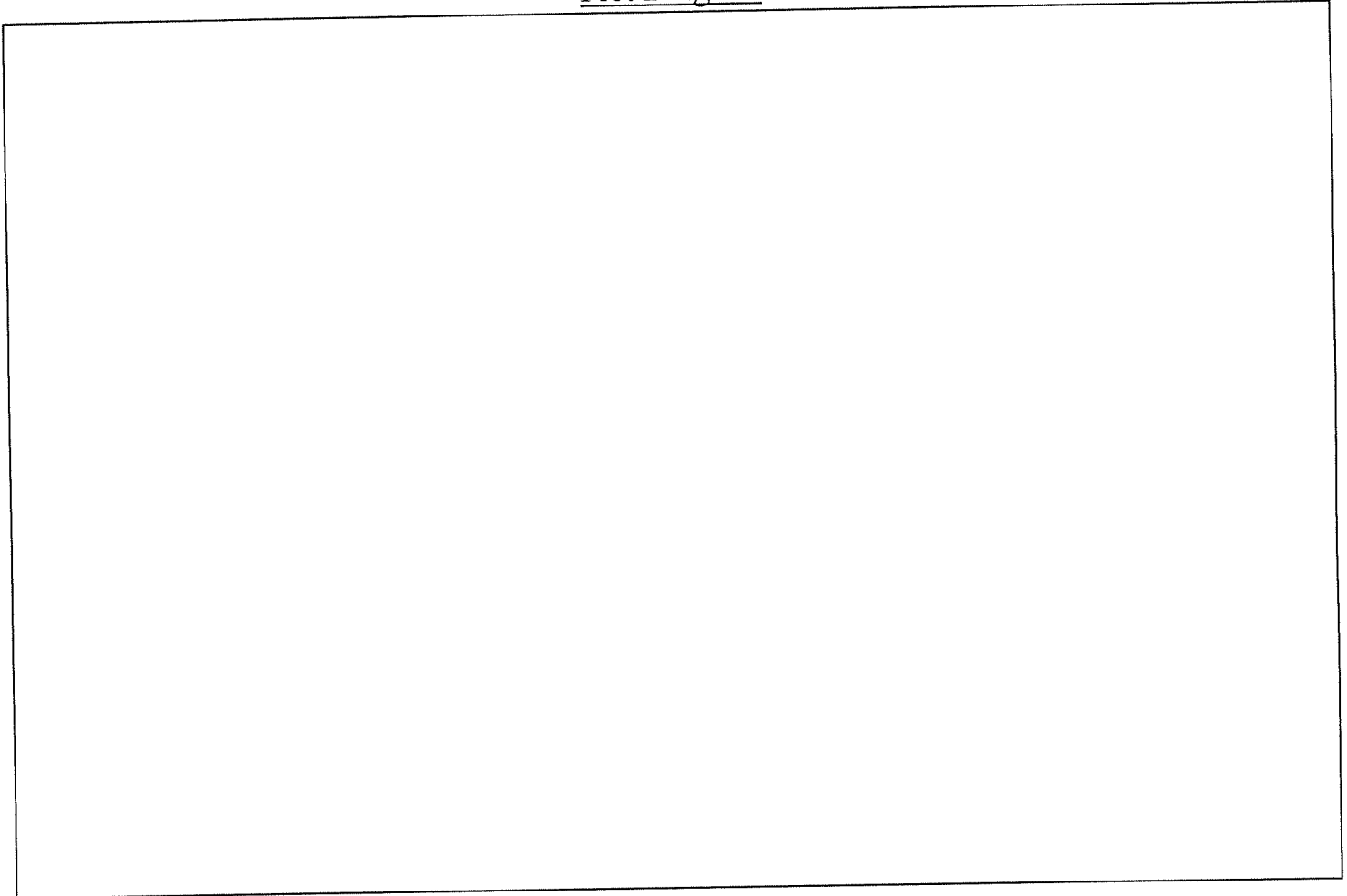
**Application is hereby made to the Zoning & Building Codes Department** for the issuance of a Zoning Permit pursuant to The Village Zoning Law and a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions, alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Project Location: \_\_\_\_\_ Tax Parcel# \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Applicant Address: \_\_\_\_\_  
 State whether applicant is owner, lessee, agent architect, engineer or builder: \_\_\_\_\_  
 Owners Name: \_\_\_\_\_  
 Owners Address: \_\_\_\_\_  
 Phone# \_\_\_\_\_

1. Project Description: \_\_\_\_\_
2. Is this project located within a flood plain? (check): Yes \_\_\_ No \_\_\_
3. Is this a change of use and or occupancy (check): Yes \_\_\_ No \_\_\_
4. Nature of work (check): New Structure \_\_\_ Addition \_\_\_ Alteration \_\_\_ Repair \_\_\_ Removal \_\_\_ Demo \_\_\_  
 Pool \_\_\_ Solid Fuel \_\_\_ Fence \_\_\_ Sign \_\_\_ Other (give description) \_\_\_\_\_
5. Dimensions of new structure: Front \_\_\_ Rear \_\_\_ Depth \_\_\_ Height \_\_\_ Number of Stories \_\_\_
6. Dimensions of Addition: Front \_\_\_ Rear \_\_\_ Depth \_\_\_ Height \_\_\_ Number of Stories \_\_\_
7. If Alterations, state nature of work: \_\_\_\_\_
8. Name of Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_
9. Name of Design Professional: \_\_\_\_\_ Phone# \_\_\_\_\_
10. Zoning District in which the work will take place: \_\_\_\_\_
11. Estimated cost of the project: \_\_\_\_\_
12. On the plot diagram provided on page 2, or an attachment, provide location of the street or road, all buildings existing and proposed, dimensions from lot lines and streets or roads.

**Applicants Signature:** \_\_\_\_\_ (S) He is the owner, agent or contractor of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained herein are true to the best of his or her knowledge and belief, and that the work will be performed in the manor set forth in the application and in the plans and specification filled herewith.

Plot Diagram



Street Name: \_\_\_\_\_

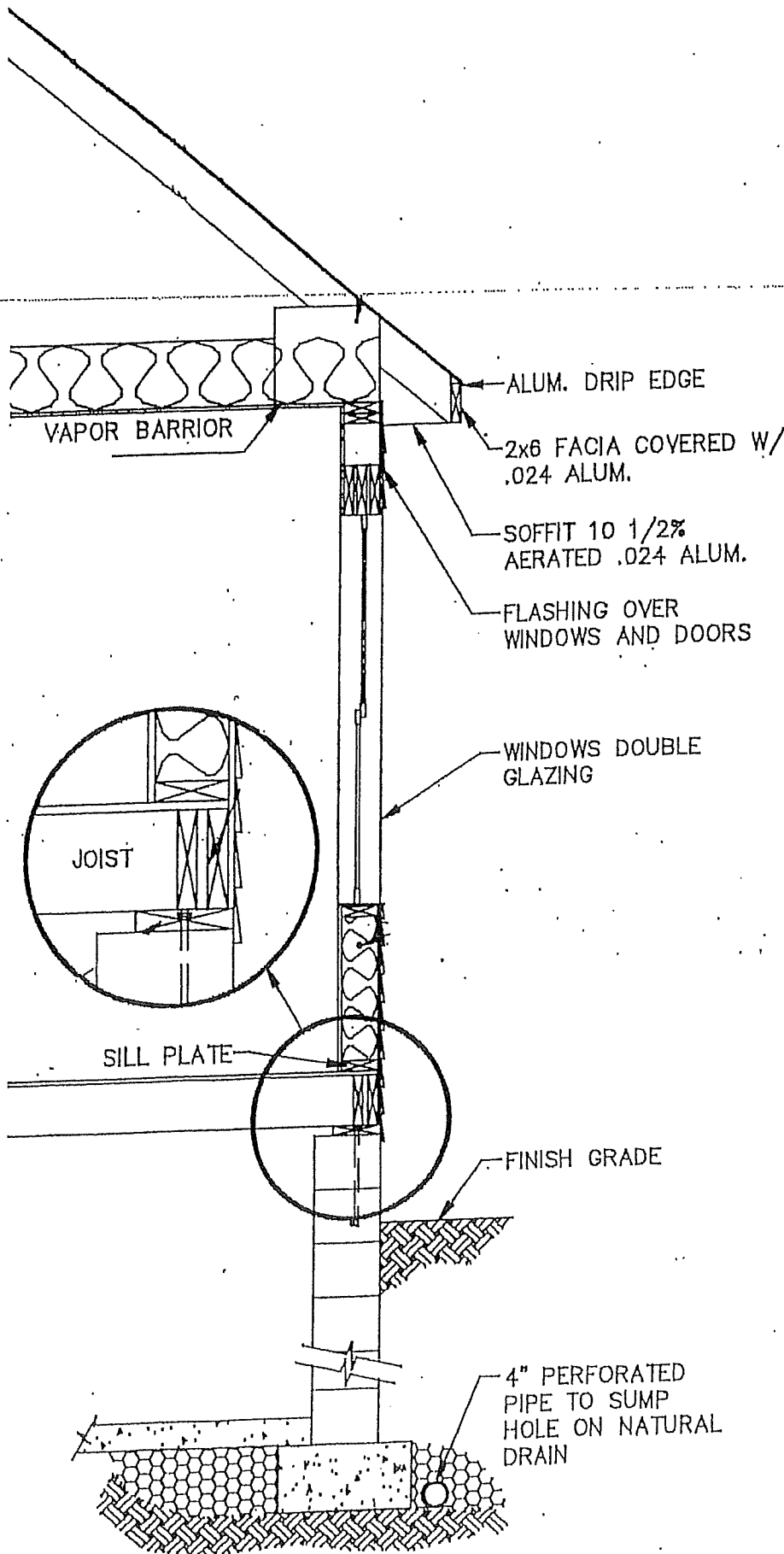
This Permit # \_\_\_\_\_ is hereby \_\_\_\_\_ Approved, \_\_\_\_\_ Disapproved  
Issued for: \_\_\_\_\_ with the following  
stipulations: \_\_\_\_\_.

**Zoning Enforcement Officer:** \_\_\_\_\_

Date of approval: \_\_\_\_\_ (or) Date of denial: \_\_\_\_\_  
Reason for denial (check): \_\_\_\_\_ Needs Area Variance, \_\_\_\_\_ Needs Use Variance,  
\_\_\_\_\_ Needs Special Use Permit

<b><u>Special Use Permit</u></b>	
Date: _____	Fee: _____
Approved by: _____	

<b><u>Zoning Variance</u></b>	
Date: _____	Fee: _____
Approved by: _____	



- \_\_\_\_\_ TRUSSES \_\_\_\_\_ O.C.
- \_\_\_\_\_ RAFTERS \_\_\_\_\_ O.C.
- \_\_\_\_\_ ROOF PITCH
- \_\_\_\_\_ ROOF SHEETING
- \_\_\_\_\_ ROOFING MATERIAL
- \_\_\_\_\_ 15 LB. FELT
- \_\_\_\_\_ COLOR
- \_\_\_\_\_ GUTTERS
- \_\_\_\_\_ COLOR
- \_\_\_\_\_ INSULATION CEILING
- \_\_\_\_\_ INSULATION SIDEWALL
- \_\_\_\_\_ FASCIA BOARD
- \_\_\_\_\_ COLOR
- \_\_\_\_\_ SOFFIT
- \_\_\_\_\_ COLOR
- \_\_\_\_\_ SHEETING
- \_\_\_\_\_ SIDING
- \_\_\_\_\_ COLOR
- \_\_\_\_\_ STUDS \_\_\_\_\_ O.C.
- \_\_\_\_\_ HEADERS
- \_\_\_\_\_ SILL PLATE
- \_\_\_\_\_ WALL
- \_\_\_\_\_ FOOTER

VILLAGE OF WARSAW, NEW YORK

APPLICATION FOR A BUILDING PERMIT

**IMPORTANT NOTICES: READ BEFORE SIGNING.**

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the **V/O WARSAW, NY** and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 585-786-2120 (Mon. thru Friday 8:30 am to 4:30 pm) at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by wall.)

**DO NOT PROCEED TO THE NEXT STEP OF CONTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

3. OWNER HERBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PERSUANT TO THIS PERMIT. **PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State Law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Protection and Inspection Services, If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits the contractor must **Contact the Workmens Compensation Board at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) to obtain this form.**
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, \_\_\_\_\_, the above named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1,2,3 or 4 Family, Owner-Occupied Residence**

Under penalty of perjury, I certify that I am the owner of the 1,2,3 or 4 family, **owner-occupied** residence(including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because(please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week(aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week(aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit;  
OR
- have the general contractor, performing the work on the 1,2,3 or 4 family, **owner-occupied** residence(including condominiums)listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week(aggregate hours for all paid individuals on the jobsite)for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,*  
\_\_\_\_\_  
*(County Clerk or Notary Public)*