

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.

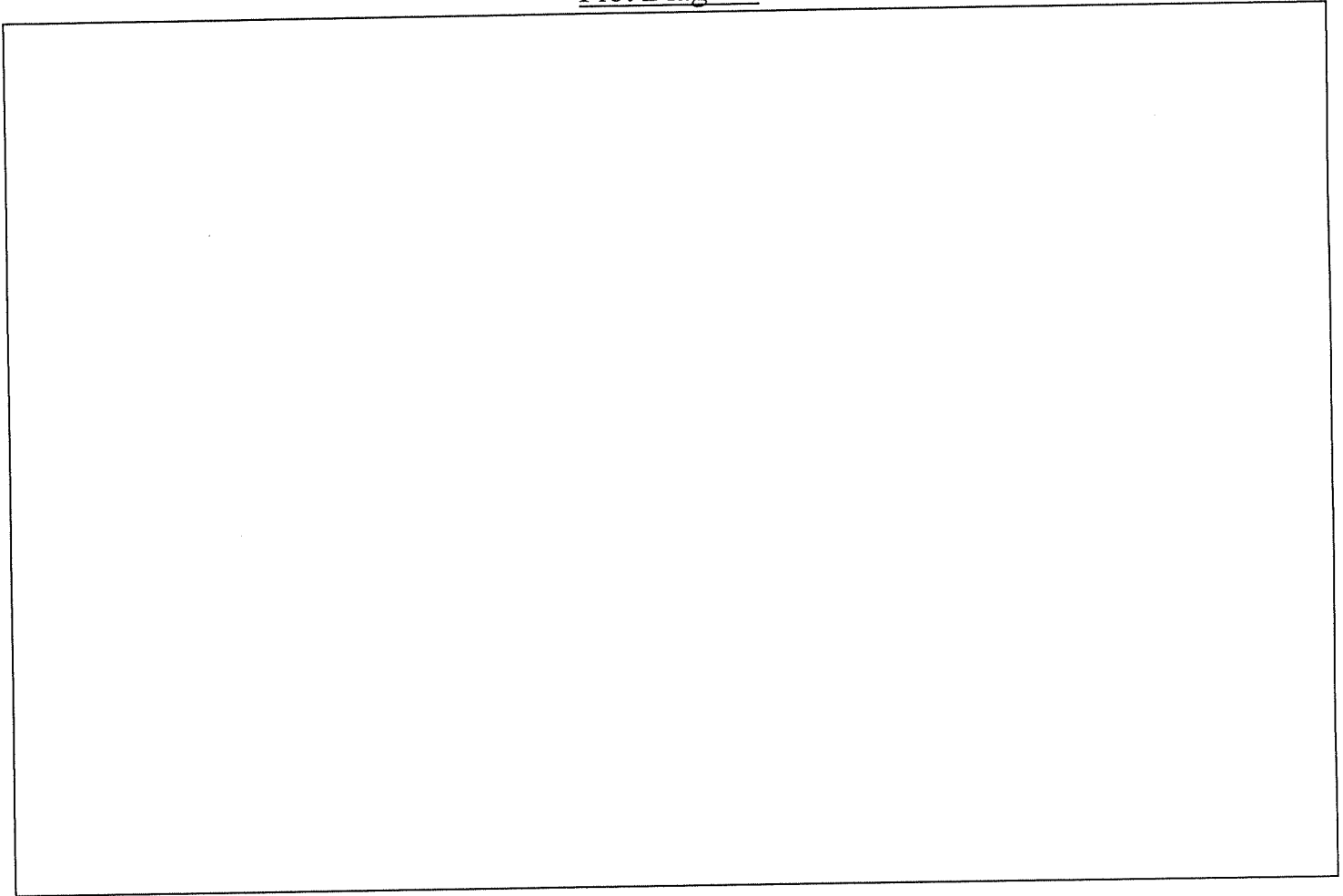
Application is hereby made to the Zoning & Building Codes Department for the issuance of a Zoning Permit pursuant to The Village Zoning Law and a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions, alterations, or for 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

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

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

DEMOLITION PERMIT

Vacant Y N

Reason for Demolition _____

Estimated Start Date ___ / ___ / 20___

Estimated Duration _____ days

Material Disposal: Dumpster on Site / Truck Removal / Other _____

UTILITIES TO BE DISCONTINUED:

Verified by CEO on

Water	Y	N	N/A	___ / ___ / 20___
Gas	Y	N	N/A	___ / ___ / 20___
Electric	Y	N	N/A	___ / ___ / 20___
Underground Tank	Y	N	N/A	___ / ___ / 20___
Hazardous Materials	Y	N	N/A	___ / ___ / 20___
Other _____	Y	N	N/A	___ / ___ / 20___

REQUIREMENTS:

Asbestos Abatement Study Y N Received ___ / ___ / 20___

Hours of Demolition _____ AM/PM to _____ AM/PM

Dust Control Y N Method _____

SAFETY DURING DEMOLITION

Safe and sanitary conditions shall be provided where demolition and wrecking operations are being carried on. Work shall be done in such manner that hazard from fire, possibility of injury, danger to health and conditions which may constitute a public nuisance will be minimized, in conformity to applicable standards.

PROTECTION OF ADJOINING PROPERTY

Adjoining public and private property shall be protected from damage during construction and demolition work. Protection must be provided for footings, foundations, party walls, chimneys, skylights and roofs. Provisions shall be made to control water run-off and erosion during construction or demolition activities. The person making or causing an excavation to be made shall provide written notice to the owners of adjoining buildings advising them that the excavation is to be made and that the adjoining buildings should be protected. Said notification shall be delivered not less than ten (10) days prior to the scheduled starting date of the excavation.

**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)