

<u>Zoning Dept. Use Only</u> Approved _____ Denied _____ ZEO Initials _____
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**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 _____
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**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: _____	

**POOL PERMIT – GENERAL INFORMATION**

- A. THIS APPLICATION MUST BE COMPLETELY FILLED IN**
- B. SEC. 163.79 OF THE WARSAW VILLAGE CODE REQUIRES ALL POOLS HAVING A DEPTH OF 18 (INCHES) OR GREATER OBTAIN A PERMIT**
- C. PLOT PLAN MUST SHOW LOCATION OF POOL ON LOT AND MEASUREMENTS TO LOT LINES, ALL BUILDINGS ON PREMISES, THE POOL MAKE, MODEL, SIZE, DEPTH, AND CAPACITY IN GALLONS.**
- D. ALL IN GROUND AND ABOVE GROUND POOLS SHALL BE COMPLETELY ENCLOSED BY A FENCE OF NOT LESS THAN FOUR (4) FEET IN HEIGHT. THE FENCE SHALL HAVE A SELF CLOSING AND SELF LATCHING GATE. THE LATCH SHALL BE ON THE INSIDE OF THE COMPLEX. ABOVE GROUND POOLS LESS THAN FOUR (4) FEET IN HEIGHT SHALL BE SIMILIARLY FENCED.**
- E. OUTDOOR SWIMMING POOLS SHALL BE LOCATED IN THE REAR OR SIDE YARDS AND SHALL CONFORM TO THE MINIMUM SETBACK FOR A STRUCTURE IN THE DISTRICT.**
- F. POOL ALARMS ARE REQUIRED.**
- G. LIGHTING ERECTED AND OPERATED IN CONNECTION WITH A POOL SHALL BE LOCATED SO AS TO HAVE NO GLARE TO ADJACENT PROPERTIES.**
- H. A FILTERING SYSTEM SHALL BE INSTALLED IN ALL POOLS HAVING A CAPACITY IN EXCESS OF 1,000 GALLONS OF WATER.**
- I. A GROUND FAULT MUST BE INSTALLED AND AN ELECTRICAL INSPECTION IS REQUIRED.**
- J. APPLICATIONS FOR SWIMMING POOL PERMITS SHALL COMPLY WITH THESE REGULATIONS AND ALL APPLICABLE REQUIREMENTS OF THE STATE OF NEW YORK. WHERE THE REGULATIONS OF THE VILLAGE AND STATE ARE INCONSISTENT, THE MORE RESTRICTIVE REQUIREMENTS SHALL GOVERN.**

**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)*