

NO WORK SHALL
COMMENCE
WITHOUT A
PERMIT

BP# _____

Village of Portville Code Enforcement Division

1 S. Main St.
P.O. Box 436
Portville, New York 14770
716-933-8407
www.portvilleny.net

Building Permit Application

The undersigned hereby applies for a permit pursuant to do the following work which shall be done in accordance with the description, plans, and specifications submitted, and such special conditions as may be indicated on the permit.

Please type or print in ink

Property Address: _____ Date: _____

Owner: _____ Tax Map # _____

Address: _____

Phone: _____ (cell) _____ (home) _____ (work)

Email: _____

Ta

Contractor: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Engineer/Architect: _____ Phone: _____

Mason: _____ Phone: _____

Plumber: _____ Phone: _____

Electrician: _____ Phone: _____

Home Owner's Insurance: _____ Phone: _____

Description of principal building (use): _____

Proposed Work: New Principal Bldg, Accessory Bldg, Repairs, Alterations, Remodel,
 Addition, Change of Use, Partial Demo, Pool, Other: _____

Description of Work: _____

Building Specifications (as applicable)

Please fill in all appropriate information to the best of your knowledge

Stamped drawings by an Architect of Engineer

Type of construction (wood, steel frame, masonry): _____

Type of lumber/grade & material _____

Foundation material? _____ Thickness _____

Footer Depth: _____ Width: _____ Thickness: _____ (A minimum of 48" is required for new construction)

Will there be a full or partial basement, a crawl space, on a slab, or posts? _____

See crawl space specs

Roof type? _____ Roof material? _____ Pitched degree? _____

Size of Studs _____ x _____ Spacing o.c. _____

Size of Floor Joists _____ x _____ Spacing o.c. _____

Size of Girders _____ x _____ Span _____

Size of Rafters _____ x _____ Spacing o.c. _____

Trusses?: Roof _____ Floor _____

Will the building be sheathed? _____ Type of Material? _____

Attached garage? Yes _____ No _____ See Separation Specs

Insulation: NYSECCC Compliance Method: Prescriptive _____ Trade-Off _____ Software _____

R-Values: Foundation _____ Trade-off _____ Walls _____ Ceiling _____

Construction Description: _____

Comments: _____

Cost of construction (include labor, per project)

Project Description: _____ \$ _____

Total Cost including labor: \$ _____

I certify that the information supplies on this application is true and correct and that any changes shall be applies for in writing and approved by the Code Enforcement Officer(s) and

I shall comply with any and all requirements as per all Local and State codes and

I also agree that the Code Enforcement Officer will have access to the property and buildings to perform all necessary inspections required by law and

I understand that I am responsible for notifying Code Enforcement for such inspections if the officer has not already made the necessary inspection(s) some of which may be indicated on the provided building plan checklist and

I agree that all work will cease until inspection(s) have been conducted by the Code Enforcement Officer(s).

Applicant: _____ / _____ / _____
(print) (signature) (date)

Owner: _____ / _____ / _____
(print) (signature) (date)

This permit application has been reviewed and to the best of my knowledge complies with all the applicable codes and regulations.

Code Enforcement Officer: _____ Date: _____

Building Permit # _____ Issued Date: _____ Fee: _____

The building permit expires 12 months from the date of issuance and work must commence within 6 months.

Extension of _____ granted by Code Officer: _____, dated: _____

Active plans filed: _____, Dead plans filed: _____

Comments by Code Officer:

For Electrical Work being completed

Owner is responsible for 3rd Party Electrical Inspection which is required to issue a Certificate of Compliance

Electrical Inspection

Regarding Address: _____ Date: _____

Owner: _____ Contact/Applicant: _____

Address: _____

Phone: _____ (cell) _____ (home) _____ (work)

Email: _____

Contractor: _____ Phone: _____

Electrical Inspection Agency: _____ Inspector: _____

Certification Received:

Yes – Rough Date: _____ Final Date: _____

No – Inspection Date: _____