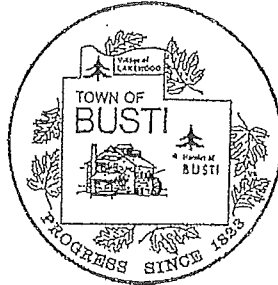


# Town of Busti Building Permit Application



**Town of Busti**  
**125 Chautauqua Avenue**  
**Lakewood, NY 14750**

**Code Enforcement Officer**  
**Jeff Swanson**  
**716-763-8561, Ext. 103**

## **Building Permit Application Requirements**

The following must be included at the time a building permit application is submitted

- Detailed "As-Built" drawing – showing all dimensional lumber, spacing, header sizing, insulation with R-values, window sizing, room dimensions, footers and foundations with drains, roof details including slope and roof coverings, any truss construction will require truss certification, location of all safety features including smoke detectors, carbon-monoxide detectors, and GFI receptacles, and egress.
- Additional information may be required at the time of Plan Review
- Contractor information including copies of Liability Insurance, Worker's Compensation, or CE200 Exemption for specific project

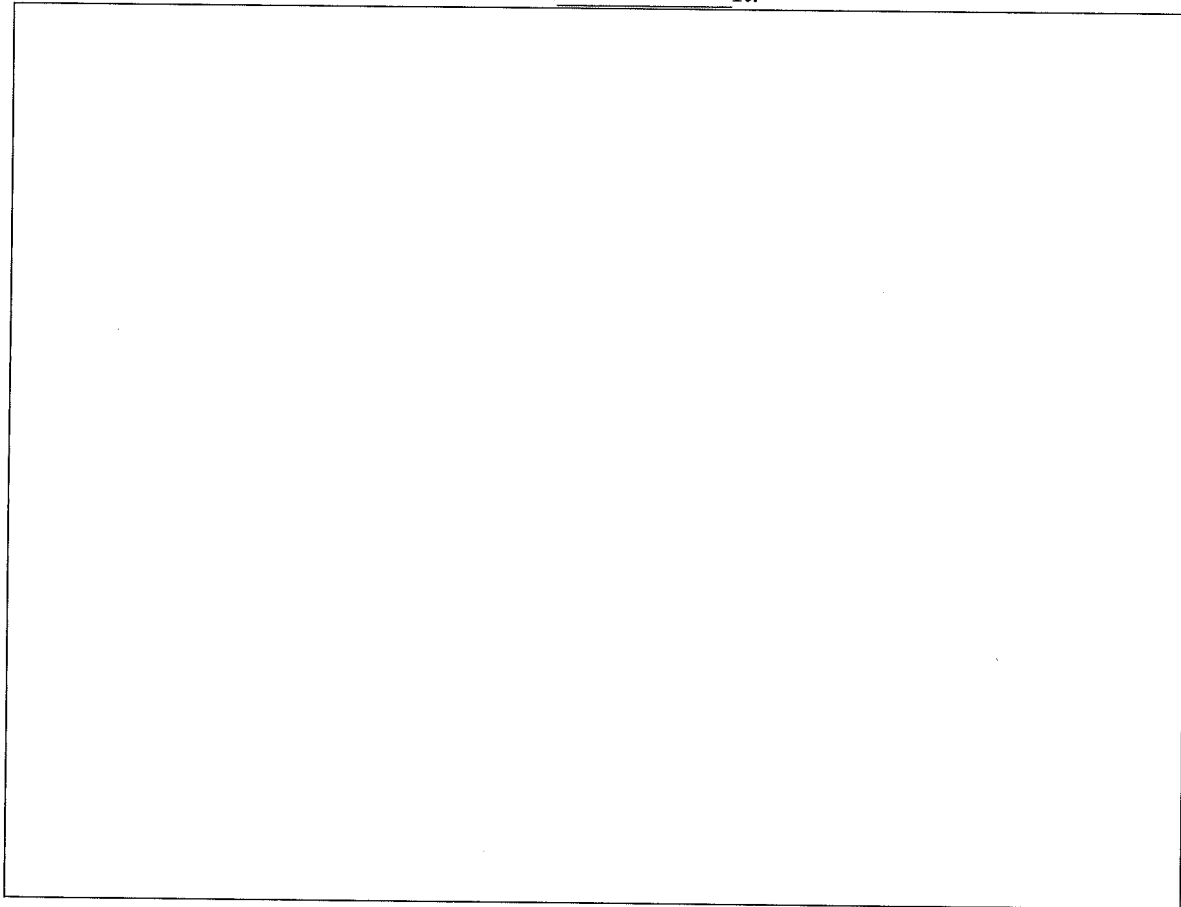


Building Permit Application pg 2

1. This page shall be used for the drawing of a plot plan for all major construction and additions and in such other cases as the Building & Zoning Officer deems necessary.
2. The plot plan shall show the location and size of the lot, buildings, and structures upon the premises (both existing and proposed) and their relationship to adjoining premises and public streets.
3. Locate and label clearly and distinctively all buildings and structures; show widths and depths of all yards, show names of all streets and indicate North with an arrow.
4. Distance from building to: Street Line : \_\_\_\_\_ ft. Rear Lot Line: \_\_\_\_\_ ft.  
Each side lot line to: Left side: \_\_\_\_\_ ft. Right side: \_\_\_\_\_ ft.  
Distance to nearest bldg at: Rear: \_\_\_\_\_ ft. Left side: \_\_\_\_\_ ft.  
Right side: \_\_\_\_\_ ft.

SHOW DISTANCE FROM BUILDING TO SIDE, FRONT AND REAR LOT LINES

Rear of Lot \_\_\_\_\_ ft.



Frontage of Lot \_\_\_\_\_ ft.

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

**General Contractor's Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Insurance Certificate Information: \_\_\_\_\_  on file  will submit  
\*Proof of NYS Workers Comp and Liability Insurance must be submitted before Permit will be issued

**Designer Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Zoning District**

- |   |   |
|---|---|
| <input type="checkbox"/> MR - Multi Family Residential                      | <input type="checkbox"/> LC - Lakeshore Commercial                            |
| <input type="checkbox"/> CR - Conservation/Residential                      | <input type="checkbox"/> HC - Highway Commercial                              |
| <input type="checkbox"/> CA - Conservation/Agricultural                     | <input type="checkbox"/> I - Industrial District                              |
| <input type="checkbox"/> SR - Single Family Residential                     | <input type="checkbox"/> GC - Gateway Commercial                              |
| <input type="checkbox"/> CAMP-Conservation/Agricultural/<br>Mobil Home Park | <input type="checkbox"/> LMR - Light Manufacturing/<br>Research & Development |

**Local, State & Federal Compliance (Where Applicable)**

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Flood Zone | <input type="checkbox"/> State/Federal Wetland | <input type="checkbox"/> DEC Coastal Erosion Zone |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Curb Cut Required     | <input type="checkbox"/> New Electrical Service   |

**Property Information**

Lot Size(sq.ft) \_\_\_\_\_ Lot Dim. (FRONT/SIDE/REAR) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Setbacks: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_

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**Office Use Only**

Type of Construction: \_\_\_\_\_ Occupancy Classification: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

X \_\_\_\_\_  
ISSUING OFFICER DATE

AFFIDAVIT THAT WORKER'S COMPENSATION  
AND DISABILITY BENEFITS ARE NOT REQUIRED.

**PLEASE CHECK ONE OF THE FOLLOWING AND COMPLETE**

1. I *HAVE* engaged \_\_\_\_\_, with offices at \_\_\_\_\_  
(Contractor)  
\_\_\_\_\_  
(Business Address) (Phone)  
To construct \_\_\_\_\_  
(Type of Work)  
At \_\_\_\_\_  
(Site Location)

\*Above contractor must have NYS Workers Comp or Waiver (form CE-200) submitted to Code Officer.

**== OR ==**

2. I *HAVE NOT* engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work related to the requested Building Permit.
- I will be doing the work personally without employing any employees.
- The work will be performed by \_\_\_\_\_.  
I have a homeowner's policy that is currently in effect and covers the property,  
AND will supply the appropriate Worker's Compensation and Disability for hired  
employees for the site specified on the Building Permit application.

I make this affidavit knowing that it will be relied upon by the Building Inspector in ensuring compliance with section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

APPLICANT'S  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,  
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER  
CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

<Insert authority having jurisdiction Logo here>

**TO:** <Insert the name of the authority having jurisdiction here>

**OWNER OF PROPERTY:** \_\_\_\_\_

**SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):**

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

**PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):**

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE  
(check each applicable line):**

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

**IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):**

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**CAPACITY (Check One):**  Owner  Owner's Representative

**NOTICE**

**ALL CONTRACTORS & HOMEOWNERS  
2007 BUILDING AND RENOVATION REQUIREMENTS**

**PLEASE REMEMBER THAT CALLING FOR YOUR  
REQUIRED INSPECTIONS IS "YOUR RESPONSIBILITY"  
PLEASE TRY TO GIVE 24 HOUR NOTICE**

**THERE MUST BE CALLS FOR THE FOLLOWING POINTS OF CONSTRUCTION:**

1. Work site prior to the issuance of a building permit
2. Footing and Foundation
3. Preparation of concrete slab
4. Framing
5. Building systems, including underground and rough-in (i.e. electrical, plumbing, and HVAC)
6. Fire-resistant construction
7. Fire-resistant penetrations
8. Solid fuel-burning heating appliances, chimneys, flues, or gas vents
9. Energy code compliance
10. A final inspection after all work authorized by the building permit has been completed

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*Town of Busti Approved Electrical Inspectors:*

*Dean Electrical Inspections of Western NY, LLC -- John Dean III (716) 224-0700*

*Gleason Enterprises Electrical Inspections -- Mike Gleason (716) 338-7108*

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**NO EXCEPTIONS WILL BE MADE, REGARDLESS OF PREVIOUS PROJECTS  
OR REPUTATION. APPLICANT MAY BE REQUIRED TO OPEN AREAS FOR  
"ANY" POINT OF INSPECTION NOT VISUALLY SEEN AND APPROVED, AT  
"YOUR" EXPENSE AND TIME PRIOR TO A CERTIFICATE OF OCCUPANCY  
BEING ISSUED.**

**FAILURE TO COMPLY WILL RESULT IN THE PROPERTY BEING  
CONSIDERED IN VIOLATION.**

Code Enforcement Officer  
Jeff Swanson 716-763-8561, Ext. 103

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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Date \_\_\_\_\_