

TOWN OF ASHFORD
BUILDING / CODE ENFORCEMENT DIVISION

PO BOX 306, 9377 RTE 240, WEST VALLEY, NY 14171

PHONE: (716) 942-6016

FAX: (716) 942-3957

APPLICATION FOR BUILDING PERMIT

*This application is for permission to construct the following in compliance with the NYS Building code and
Town of Ashford Permit Fee Schedule*

Site Address: _____

Tax Map #: _____

Permit #

APPLICATION INFORMATION

Is the applicant the property owner? YES NO

Name(s): _____

Address: _____

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

E-Mail: _____

CONTRACTOR INFORMATION:

Same as Owner

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

E-Mail: _____

Wages are being paid for performance of work: YES NO

Worker's Compensation Ins. Provider: _____ Policy #: _____

Certificate #: _____ Copy attached, only the following forms will be accepted. (C-105.2, U-26.3, SI-12, GSI-105.2, CE-200, BP-1) No Accord forms.

Electrician: _____ Contact #: _____ - _____ - _____

Plumber: _____ Contact #: _____ - _____ - _____

ARCHITECT/DESIGNER/ENGINEER INFORMATION

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

E-Mail: _____ NY PE RA # _____

DESCRIPTION OF WORK: (including all structural changes)

Attach any additional information

Size of Lot: _____ Site Survey Plan Attached: YES NO

Floor Area to be Constructed or Altered: _____ Total Sq. Feet

Estimated Cost of Proposed Construction: _____

Existing Building Use: _____

Proposed Use: _____

Wetlands: Site is is not within a wetlands area.

Flood Plain: Site is is not within a flood plain

Water Supply: Municipal Water (Tap Free) New Well Existing Well

Wastewater: Septic System(attach permit from Catt. Co. Health Dept.)

Any modification to Water or Sewer connection not in Description of work shall require additional permit.

Building Permit expires 1 year from issuing date. Permitted work shall remain accessible and exposed until inspected. It is the Owner/Contractor's responsibility to notify the Ashford Code Enforcement Officer of all required inspections listed on the building permit 48 hours before they are enclosed, failure to do so shall require removal or finished surface at Owner's/ Contractor's expense. Permission to use or occupy a building or structure, or portion thereof, for which a building permit was previously issued shall be granted only by issuance of a Certificate of Occupancy or a Certificate of Compliance.

The undersigned General contractor and Property Owner both hereby acknowledge that the proposed construction on the above referenced property will require accessing the property from an existing Town Highway, that proper care must be taken to avoid damage to that Town Highway, particularly when loading and unloading heavy equipment and delivering supplies, and that they assume full responsibility and financial liability for any damage to the Town Highway caused by negligent or careless use of that government property by themselves or their contractors and sub-contractors. The undersigned further acknowledge the requirement to obtain a driveway cut permit before beginning any work in the Town right of way.

Owner and Contractor Certification Permit fee is non-refundable.

I hereby certify that I have examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or the performance of construction. I understand it is against the law to exceed the scope of a building permit. Permit fee is non-refundable. I swear that this application is a true and complete statement of all proposed work on the described premises, that I have in effect all required insurance, including workers compensation insurance. This permit issuance expressly implies approval by the Property owner of inspections required of the premise.

Property Owners Name: (Print) _____

Property Owner's Signature: _____

Contractor's Name: (Print) _____

Contractor's Signature: _____

OFFICE USE ONLY

Fee \$ _____ Date Received: _____

Planning Board Review: NO YES Approved: _____ Denied: _____

Special Conditions of Permit:

Floor area to be constructed or altered _____ square feet.

Living space _____ Garage _____ Deck(s) _____

Permit # _____

Permit Granted on _____ By _____
(Date) (Code Enforcement Officers)