

# APPLICATION FOR BUILDING AND ZONING PERMIT TOWN OF POLAND

PLEASE COMPLETE ALL REQUIRED INFORMATION.  
*(Incomplete applications cannot be processed)*

## PROJECT LOCATION:

Street Address: \_\_\_\_\_ Project Name: \_\_\_\_\_

Tax Map No.: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District: \_\_\_\_\_

## APPLICANT INFORMATION:

APPLICANT: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

OWNER: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

PRINCIPAL CONTRACTOR: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## PROJECT DESCRIPTION: *(Please check all that apply to the project - Additional application forms may apply)*

- Residential       Commercial       Industrial
- New Construction     Addition     Alteration     Repair/Retrofit     Demolition     Foundation / Shell Only
- Single Family Home     Deck     Porch     Garage     Carport     Shed     Storage Building     Pole Barn
- Swimming Pool     Hot Tub     Roofing     Electrical     Plumbing     HVAC     Electrical     Solar
- Seasonal Use    Other: \_\_\_\_\_

Description of the Proposed Work: \_\_\_\_\_

Square Footage: \_\_\_\_\_ sq. ft. Length: \_\_\_\_\_ ft. Width: \_\_\_\_\_ ft. Height: \_\_\_\_\_ ft. Stories: \_\_\_\_\_

Fair Market Value of Construction: \$ \_\_\_\_\_ Date Work to Start: \_\_\_\_\_ End: \_\_\_\_\_

## TYPE OF CONSTRUCTION:

- Wood Frame     Concrete     Block     Pole     Steel     Manufactured (HUD)     Modular

Permit No. \_\_\_\_\_  
Official Use Only

**REQUIRED SITE PLAN DRAWING**

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 Code Enforcement Officer deems necessary.

The plot plan shall show the location and size of the lot, locations and sizes of buildings and structures upon the premises (both existing and proposed) and their relationship to adjoining properties, public streets and any buildings within 10 feet of the boundary line.

Locate and label clearly and distinctly all building and structures, show widths and depths of all yards, show names of all streets and indicate north with an arrow.

**SHOW DISTANCE FROM ANY BUILDING TO SIDE, FRONT AND REAR LOT LINES**  
**SHOW DISTANCE BETWEEN ANY BUILDINGS** *(Use additional sheet if necessary.)*

Rear width of lot: \_\_\_\_\_ ft.

Left side depth of lot: \_\_\_\_\_ ft.

Right side depth of lot: \_\_\_\_\_ ft.

Front width of lot: \_\_\_\_\_ ft.

**STREET**

## **INSURANCE REQUIREMENTS** In accordance with Workers' Compensation Law §57 and §220(8)

All permit applications require the following New York State Workers' Compensation Board documents be submitted prior to approval of a building permit:

**BP-1 Form** - This form may be submitted if YOU ARE THE OWNER of a 1, 2, 3, or 4 family, owner-occupied residence and meet one of the following criteria:

- You are performing all the work for which the building permit will be issued.
- You will not be hiring, paying or compensating in any way, the individual(s) that will be performing all of the work for which the building permit will be issued or helping you perform such work.
- You have a homeowners insurance policy that is currently in effect and covers the property listed on the building permit AND you will be hiring or paying individual(s) a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit will be issued.

Forms may be obtained in the Permit Office or printed at [www.wcb.state.ny.us](http://www.wcb.state.ny.us).

- OR -

**CE-200 Form** - If a contractor has been hired and he/she is doing the work is a sole proprietor or a partnership and has no employees, form CE-200 must be filed, for each project. A current copy of the contractor's Liability Insurance must also be submitted with the permit application naming the Town of Poland as the Certificate Holder. (This does not apply to subcontractors) This form can be completed and printed at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or by calling (866) 546-9322.

- OR -

If the contractor doing the work hires any part-time or full-time help or leases employees, the following proofs of insurance must be on file with this office naming the Town of Poland as the Certificate Holder:

- Certificate of New York State Workers' Compensation Insurance (CE-200, C-105.2, U-26.3 or SI-12)  
***ACORD forms are not acceptable proof of workers' compensation insurance.***
- Certificate of Liability Insurance (ACORD 25)
- Certificate of Insurance Coverage under the New York State Disability Benefits Law (CE-200, DB-120.1 or DB-155)

## **PERMIT CONDITIONS:**

1. The building permit placard **MUST** be displayed in a conspicuous location on the building site until construction is complete and a Certificate of Occupancy / Compliance is issued. A copy of all approved plans must also be kept on the premises at all times and must be available for inspection.
2. Any deviation from the original approved plans shall require submittal of new drawings showings all proposed changes and approval by the Code Enforcement Officer.
3. Inspections are required upon completion of the following work. In general, most building elements must be inspected before it is covered. **FAILURE TO CALL FOR ANY REQUIRED INSPECTION, MAY RESULT IN A STOP WORK ORDER BEING ISSUED AND/OR REMOVAL OF ANY WORK THAT WAS COVERED:**
  - a. Footings and Post Holes with rebar in trench - before concrete is poured.
  - b. Foundation Walls with rebar in place, before concrete is poured and before back fill.
  - c. Underground Plumbing.
  - d. Rough Framing.
  - e. Electrical, Plumbing and HVAC rough in before insulation.
  - f. Insulation before installation of wall coverings.
  - g. Final Inspection when all required work is completed.
4. No building shall be occupied or used in whole or in part for any purpose whatever until a final inspection is performed and a Certificate of Occupancy / Compliance shall have been granted by the Code Enforcement Officer.
5. Call **DIG SAFELY NEW YORK TWO FULL WORKING DAYS** before you dig. CALL 811 OR (800) 962-7962
6. All electrical work must be inspected by a specialized electrical inspector approved by this office.
7. The work covered by this application shall not be started prior to the issuance of the building permit.

**SIGNATURE OF PROPERTY OWNER:**

Application is hereby made to the Town of Poland for the issuance of a Building Permit. The undersigned has submitted a completed application, plans, specifications, a site plan drawing, worker compensation documents, and a septic approval letter, which are hereto attached, incorporated into and made a part of this application.

In consideration of the granting of the permit hereby petitioned for, the undersigned hereby agrees that if such permit is granted, he/she will comply with the terms pursuant to the Town of Poland Zoning Law, the New York State Uniform Fire Prevention and Building Code and Standards for construction of new buildings, additions, alterations, change of occupancy, removal or demolition, the Sanitary Code of the Chautauqua County Health Department and regulations of the New York State Department of Transportation.

He/she will preserve the established building line; and have full notification to the Code Enforcement Officer upon start of construction, allow for periodic inspections, and that he/she will not use or permit to be used, the structure covered by this permit, until all inspections have been performed, building is completely finished, and a Certificate of Occupancy / Compliance has been issued. The undersigned hereby certifies that all of the information in this petition is correct and true.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_  
*(If different than owner)*

**OFFICIAL USE ONLY**

Received: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check No.: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Zoning District: \_\_\_\_\_ ZBA Approval: \_\_\_\_\_ Planning Approval: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Expires: \_\_\_\_\_ Certificate of Occupancy: \_\_\_\_\_

Code Enforcement Officer: \_\_\_\_\_