

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

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

**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 OCCUPANY
BEING ISSUED.**

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

Code Enforcement Officer
Jeff Swanson 716-450-7453

Applicant Signature _____

Date _____

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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

General Contractor's Information

Name _____

Address _____

City, State, Zip Code _____

Phone _____ Cell: _____

Insurance Certificate Information: _____ On File _____ will Submit

Designer Information

Name: _____

Address: _____

City, State, Zip Code _____

Phone _____ Cell: _____

Zoning District

AR1- Agricultural-Residential B-1 Business-Light Industry

FP - Flood Plain LDLI- Low Density Light Industry

17-A - Groundwater Protection Overlay District

Local, State & Federal Compliance (where applicable)

Flood Zone State/Federal Wetland DEC Coastal Erosion Zone

Historical Curb Cut Required New Electrical Service

Property Information

Lot Size(sq,ft) _____ Lot DI. (Front / Side/Rear) _____/_____/_____

Setbacks: Front _____ Back _____ Left _____ Right _____

Office Use Only

Type of Construction: _____ Occupancy Classification: _____

Existing Use: _____ Proposed Use: _____

X _____

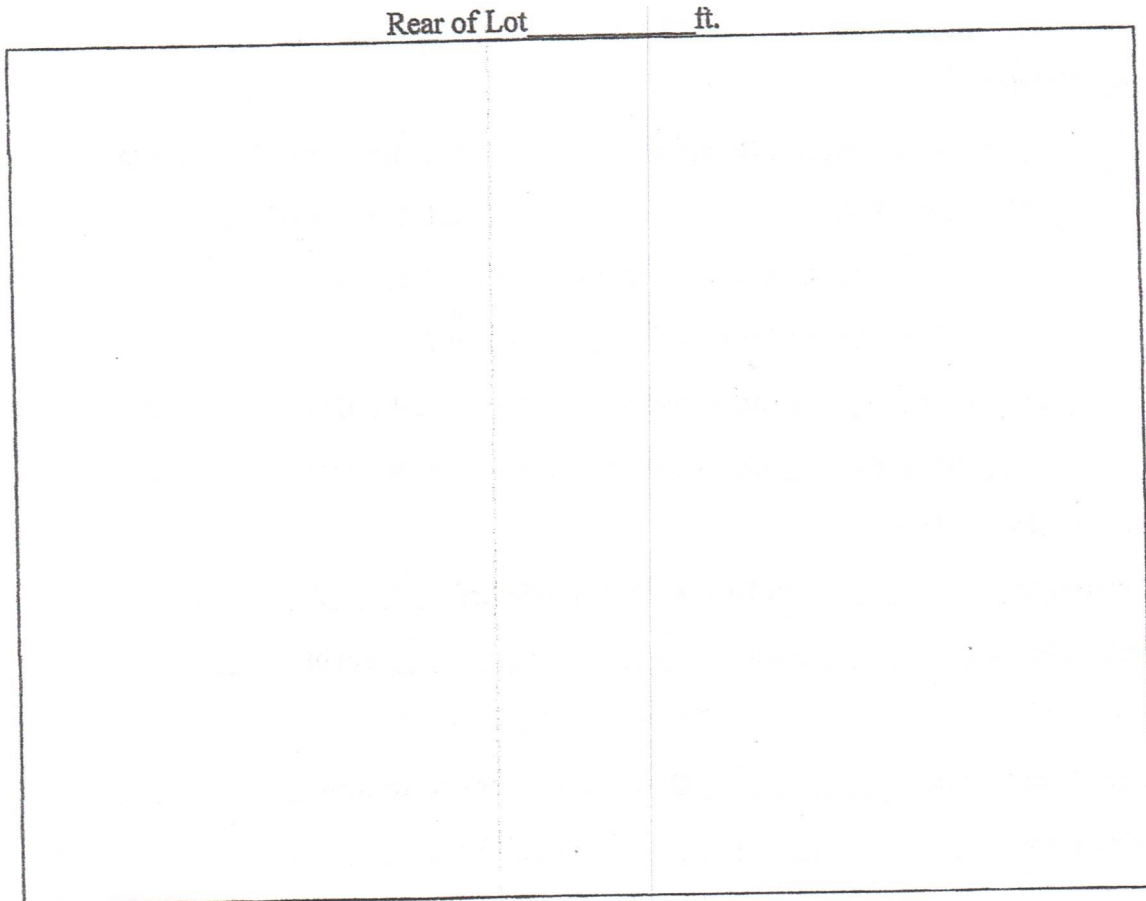
ISSUING OFFICER

DATE

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 _____

Permit # _____

Town of Gerry
4519 Route 60
P.O. Box 15
Gerry, New York 14740

APPLICATION FOR BUILDING PERMIT

Please submit one of the following with your application:
 Copy of Survey OR Site Plan Documentation

Project Location and Information

Street Address: _____
Tax Map Number: SEC _____ BLK _____ LOT(s) _____
Current use of the Property/Building: _____

Owner Identification

Owners Name: _____
Address of owner: _____
City, State, Zip Code: _____
Phone Number: _____

Proposed Work

 New Building Addition Alteration
 Move Building Repair/Retrofit Other _____

Description of Building Project

 Single Family Home Duplex Apartment House
 Retail Professional Office Industrial
 Restaurant Accessory Building Garage
 Deck or Porch Other _____

Building Area (sq. ft.): _____ Building Height (ft.): _____ # of Stories: _____

Estimated Cost of Construction: \$ _____ Date of Construction: _____

Signature: _____ Date: _____

=====Office Use Only=====

Special approval needed: Zoning Board Planning Board Municipal Board

Hearing Date(s): _____ Action: _____ Date(s): _____

X _____
Issuing Officer

Date

Town of Gerry Building Permit Application

Town of Gerry
4519 Route 60
P.O. Box 15
Gerry, New York, 14740

Code Enforcement Officer

Jeff Swanson

716-450-7453

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 egress.
- Additional information may be required at the time of the Plan Review
- Contractor information including copies of Liability Insurance, Worker's Compensation, or CE200 Exemption for specific project