

APPLICATION FOR BUILDING PERMIT IN The Village of Franklinville, Cattaraugus County, NY

Office of the Building Inspector
19 Pennsylvania Ave., PO Box 167
Franklinville, NY 14737
716-676-3067
716-676-3446 fax

Property Description No. _____
(Found on a Tax Bill)

APPLICATION NUMBER _____

DATE APPLICATION RECEIVED _____

SEQR TYPE I ACTION _____ (Findings Attached)
TYPE II ACTION _____

INSTRUCTIONS:

Zoning District _____

I. Use attached sheet(s) for new buildings and structures
blue prints/drawings, including:

FLOOD OVERLAY DISTRICT YES ___ NO ___

1. Plot plan required.
2. Foundation plan.
3. Overall dimensions.
4. Floor plan.
5. Framing plan including material sizes and descriptions
6. Typical wall cross-section from bottom of foundation to top of peak -- showing all materials.
7. Electrical, heating, plumbing, insulation and ventilation information.
8. Window and Door Information.

PROPERTY LOCATION _____

PROPERTY OWNER'S NAME _____

ADDRESS _____

II. New homes over 1,500 square feet and commercial projects
require Architect/Engineer seal and signature.

PHONE NO. _____

BUILDER'S NAME _____

CONTRACTOR'S INSURANCE _____

(Attach a copy of insurance documentation)

PROJECT SCOPE

STRUCTURAL SPECIFICATIONS

- () Install
- () Replace
- () Construct
- () Demolish

Length _____ Width _____

Height _____ Sq. are Footage _____

Number of rooms: Bedrooms _____ Baths _____

Total rooms in project _____

Type of heating system _____

Dimensions of lot or acreage _____

Construction cost \$ _____

Health Dept. Permits required () No () Yes
(Please attach copy of permit if required)

(Brief Project Description)

**PROJECT PROPOSAL
Occupancy Classification**

- () Residence
- () Commercial Business (attach proof of insurance)
- () Industry
- () Other use
(describe) _____

X _____
(Owner's signature -- by signing this form I declare that all
information on this form is true)

Date _____

Fee \$ _____
(Made out to above municipality. There will be
a \$25 fee for all returned checks.)

.....
() Approved

Building Inspector

() Permit issued
() Permit denied _____
Date

Reason _____