



Village of Webster Building Dept.
28 West Main Street
Webster, NY 14580
Office (585)-265-3770 ~ Fax: (585)-265-1004

Received: _____
Permit Fee: \$_____
Paid on: _____

Building Permit Application

Project Address: _____ **Tax ID:** _____

Zoned: _____

Permit Type:

New Building
 Alteration (Level 1 or 2)
 Addition
 Repair
 Change of Use/Occupancy
 Deck
 Pool
 Sign
 Fireplace
 Fence
 Roofing/Re-roof
 Accessory structure
 Demolition
 Plumbing
 Sewer Lateral
 HVAC/Hot Water Tanks
 Other Describe: _____

Job Description / Dimensions: _____

Is proposed project located in a flood zone? Yes No

Construction Cost: \$ _____

<p><u>Homeowner / Business Owner:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p><u>Contractor:</u> <i>(if applicable)</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p><u>Applicant:</u> <i>(if different from homeowner)</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p><u>Architect:</u> <i>(if applicable)</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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Permit Requirements:

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code and ordinances of the Village of Webster, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at (585)-265-3770 at least 48 hours before the owner wishes to have an inspection conducted.
3. New York State law requires contractors to maintain Workers Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Village of Webster. If the contractor believes he/she is exempt from the requirements to provide Workers Compensation and or Disability Benefits, the contractor or homeowner must complete form **CE-200**.
4. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
5. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
6. The building permit does not include any privilege of encroachment in, over, under, or upon any street, right-of-way, or easement.
7. The building permit must be displayed to be visible from the street nearest to the site of the work being conducted.
8. Owner hereby agrees to allow the Code Enforcement Office to inspect the sufficiency of the work being done pursuant to this permit.

I, (Print name) _____, the above named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

Signature: _____

Date: _____

CALL 811 BEFORE YOU DIG

***Note:** A valid licensed survey of property and a drawing of work pursuant to permit MUST be submitted in order for the permit to be issued.

† **Contractors must provide proof of Liability, Workers Comp and Disability insurance.**

OFFICE USE:

Special approval needed by: Zoning Board Village Board

Fees Paid:

Permit Fee **Parks and Recreation Fee** **Sewer Tap Fee** **Zoning Application Fee**

** Parks and Recreation fee is required for new buildings before Certificate of Occupancy is issued*

** Sewer Tap Application fees are required prior to new buildings being issued a permit.*