



28 West Main Street  
Webster, NY 14580  
Office (585)-265-3770 ~ Fax: (585)-265-1004

**Permit Application**

Tax ID # \_\_\_\_\_

Date: \_\_\_\_\_

Zoned: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

**Homeowner**

**Applicant**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**†Contractor**

**Architect**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**\*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 permit to be issued.**

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

**Type of Permit:**

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- New Building  Alteration (Level 1 or 2)  Addition  Repair  Change of use/Occupancy
  - Deck  Pool  Sign  Fireplace  Demolition  Fence  Roofing/Re-roof  Accessory structure  
(Shed, Garage)  Other Describe \_\_\_\_\_

**Is proposed project located in a flood zone?**  Yes  No

**Job Location/Address:** \_\_\_\_\_

**Job Description/ Dimensions:** \_\_\_\_\_

**Construction Cost:** \$ \_\_\_\_\_

**\* Please read the following before signing.\***

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 (Mon. thru Fri. 8:00am. to 4:30pm.) at least 48 hours before the owner wishes to have an inspection conducted.
3. **Owner hereby agrees to allow the Code Enforcement Office to inspect the sufficiency of the work being done pursuant to this permit.**
4. 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**.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. The building permit does not include any privilege of encroachment in, over, under, or upon any street, right-of-way, or easement.
8. The building permit must be displayed so as to be visible from the street nearest to the site of the work being conducted.

**I, (Print) \_\_\_\_\_, 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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
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**Special approval needed by:**     Zoning Board     Village Board

**Check box for all applicable items paid and/or completed**

Permit Fee     Parks and Recreation Fee 1     Sewer Tap Fee 2     Zoning Application/Fee

<sup>1</sup> Parks and Recreation fee is required for new buildings before Certificate of Occupancy is issued

<sup>2</sup> Sewer Tap Application fees are required prior to new buildings being issued a permit