Village of Alfred

7 West University St., Alfred, NY 14802
Code Enforcement Officer (607) 587-9139

Application for Building Permit

Please print all information.

1. Applicant's Name_____ Phone (_____) _____
   Mailing Address_____
   Location of Job Site (street & number) _____
   (Tax Map Number) _____

2. Applicant is:
   [ ] Property Owner   [ ] Agent for Owner   [ ] N.Y. State-Licensed Architect
   [ ] Tenant or Lessee   [ ] Contractor   [ ] N.Y. State-Licensed Professional Engineer
   [ ] Other (describe) _____

3. Property Owner(s)_____Phone (___)_____
   Mailing Address _____

4. Occupancy or Use of the Property (Check all that apply)

	Present	Proposed		Present	Proposed
A1 One-Family Dwelling	[ ]	[ ]	C1 Business	[ ]	[ ]
A2 Two-Family Dwelling	[ ]	[ ]	C2 Mercantile	[ ]	[ ]
			C3 Industrial	[ ]	[ ]
Multiple Dwelling	Number Of Units		C4 Storage	[ ]	[ ]
B1 Permanent Occupancy	[ ]	[ ]	C5 Assembly	[ ]	[ ]
B2 Transient, incl. Fraternity	[ ]	[ ]	C6 Institutional	[ ]	[ ]
B3 Senior Citizens Residence	[ ]	[ ]	C7 Miscellaneous	[ ]	[ ]
B4 Adult Residential Care	[ ]	[ ]	Specify here:		

5. Nature of Proposed Work (Check all that apply)
   [ ] Construction of a New Building   [ ] Relocation of a Building or Structure
   [ ] Addition to an Existing Building   [ ] Stove, Fireplace or Furnace Installation
   [ ] Renovation, Alteration   [ ] Chimney, Flue, Smoke Pipe Installation
   [ ] Demolition, Complete or Partial   [ ] Swimming Pool Installation or Relocation
   [ ] Exterior Porch, Deck, Steps   [ ] Accessory Structure:_____.
   [ ] Other:_____.

6. Project Value, including value of self-labor or donated labor: $ _____

7. Architect or Engineer of Record
   Name_____Business Phone (___)_____
   Mailing Address_____

8. General Contactor/ Builder
   Name_____Business Phone (___)_____
   Mailing Address_____

Note: A Zoning Compliance Permit (ZCP) is required for most projects. When a ZCP is required, a Building Permit will not be issued prior to the issuance of the ZCP.

9. Has a Zoning Compliance been issued for this project?

[ ]	Yes	Permit number_____; Issue Date _____.
[ ]	No	But a Zoning Compliance Permit is not required for this project.
[ ]	No	But an application has already been filed.
[ ]	No,	But an application will be filed in the near future.

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10. Has any work covered by this application been started or completed: [ ] Yes   [ ] No.
     If "Yes," explain below (no. 13)

11. Plans and Specifications: are enclosed or attached [ ]   being shipped separately [ ]

12. Will wages be paid to anyone working on this project?   [ ] Yes   [ ] No. If "Yes," insurance coverage is required, per New York State Workers' Compensation Law and Disability Law. A copy of the Certificate of Insurance must be filed with the office of the Code Enforcement Officer before a Building Permit will be issued. If a current Certificate of Insurance is already on file in this office, please check here: [ ].

13. Describe the Proposed Project: _____
_____
_____
_____
_____
_____
_____
_____
_____

14. Additional Information: _____
_____
_____
_____
_____
_____
_____
_____

15. I affirm that I am the applicant above named, and that I am:
The Property Owner [ ];   Officer of the Property Owner [ ]; Agent for the Property Owner [ ];   Tenant or Lessee[ ];
Other (please describe)_____
And that I am duly authorized to perform or have performed the said work and to make and follow this application; that all information contained herein or furnished by me in support of this application is true and correct to the best of my knowledge and belief; and that all work in connection with the proposed project will be performed in the manner set forth in this application and in plans, specifications and other supporting information, and in accordance with all applicable laws and regulations.

_____
       Signature of Applicant   Date

*   *   *   *   *   *   *   *   *

For Office Use Only

$_____ fee received by_____on_____
Approved by_____, Code Enforcement Officer, on_____
Permit no._____issued by_____on, _____