Town of Ripley

14 N State Street, Ripley, NY 14775
Email: ripleybuild@outlook.com - Phone: (716) 413-8010, Ext 5 - Fax: (716) 413-8008

APPROVED ☐ DENIED ☐

Fee: $	**Application for Building Permit**	Permit #:
Cash ☐ Check ☐		
Receipt #		Date:

Instructions: Please type or print your information.

Please submit all required documents with your application, these may include:

☐ Copy of Survey	☐ Electrical Plan	☐ Manufacturer Specs
☐ Site Plan	☐ Plumbing Plan	☐ Chimney Ventilation Location
☐ Floor Plan	☐	☐

NOTE: If this project is over 1500 square feet or costs more than $10,000, ALL plans submitted must bear the stamp and signature of a design professional registered with New York State.

Contact Information

Owner's Name		Contractor	
Address		Address	
Telephone #		Telephone #	
Designer		☐ Contractor's Workers Comp Policy Received	
Address		☐ Policy on File	#
		☐ Affidavit on File	
Telephone #			

Location of Project Information

Tax Map Number, Section:		Block:		Lot:	
Street Address:		Size of Parcel:			
		Current Use:			
		Zoning District:			

Project Information

Proposed Work:

☐ New build	☐ Addition	☐ Alteration	☐ Dry Rot Repair
☐ Demolition	☐ Move Building	☐ Fire Sprinkler	☐ Sign
☐ Foundation Repair	☐ Chimney Repair	☐ Swimming Pool	☐ Fire Repair
☐ Repair/Retrofit	☐ Fence	☐ Shed	☐ Other

Description of Building Project:

☐ Single Family Hom	☐ Duplex	☐ Industrial	☐ Professional Office
☐ Condominium	☐ Attached Garage	☐ Restaurant	☐ Accessory Building

☐ Townhouse ☐ Detached Garag ☐ Service Station ☐ Local

☐ Apartment House ☐ Hotel/Motel ☐ Deck / Porch ☐ Mobile/Factory Manufactured Home

☐ Other

Description of proposed project:

Building Area (sq ft) | Building Height (ft) | # of Stories

Lot Size (sq ft) | Measurements (ft) | Front= | L Side= | R Side= | Rear=

Set Backs | Front= | L Side= | R Side= | Rear=

ESTIMATED COST OF PROJECT $ | Date of Construction:

The following is information required to ensure compliance with all applicable Local, State, and Federal laws.

Check all that apply

☐ West Rt.5 Water District ☐ State / Federal Wetland ☐ DEC Coastal Erosion Zone

☐ West Rt 5 Sewer District ☐ Flood Zone ☐ NY State AG District

☐ Served by Municipal Water ☐ Historical ☐ Curb Cut Required

☐ Served by Municipal Sewer ☐ New Electric Service ☐ Property is a Corner Lot

☐ Modifications to an Existing Electrical Service

Zoning District:

☐ R-A = Residential-Agricutural ☐ R-12 = Residential ☐ C = Commercial

☐ R-L = Residential Lakeside ☐ L-I = Light Industrial ☐ M = Manufacturing

Applicant's Signature: | Date:

DO NOT WRITE BELOW THIS LINE

Check all that Apply

☐ Approval by Zoning Board needed ☐ Area Variance needed

Zoning Board meeting date: ☐ Special Use Permit needed

Type of Construction: | Occupancy Classification:

Existing Use: | Proposed Use:

Reference Notes

Ken Shearer, Code Enforcement Officer **Date:**

Town of Ripley

14 N State Street, Ripley, NY 14775
Email: ripleybuild@outlook.com - Phone: (716) 413-8010, Ext 5 - Fax: (716) 413-8008

Notice of utilization of truss type construction, pre-engineered wood construction and/or timber construction

Owner

Subject Property:

Please take notice that the (check applicable line):

- ☐ New residential structure
- ☐ Addition to existing residential structure
- ☐ Rehabilitation to existing residential structure

to be constructed or performed at the subject property referenced 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)

Name (please print):

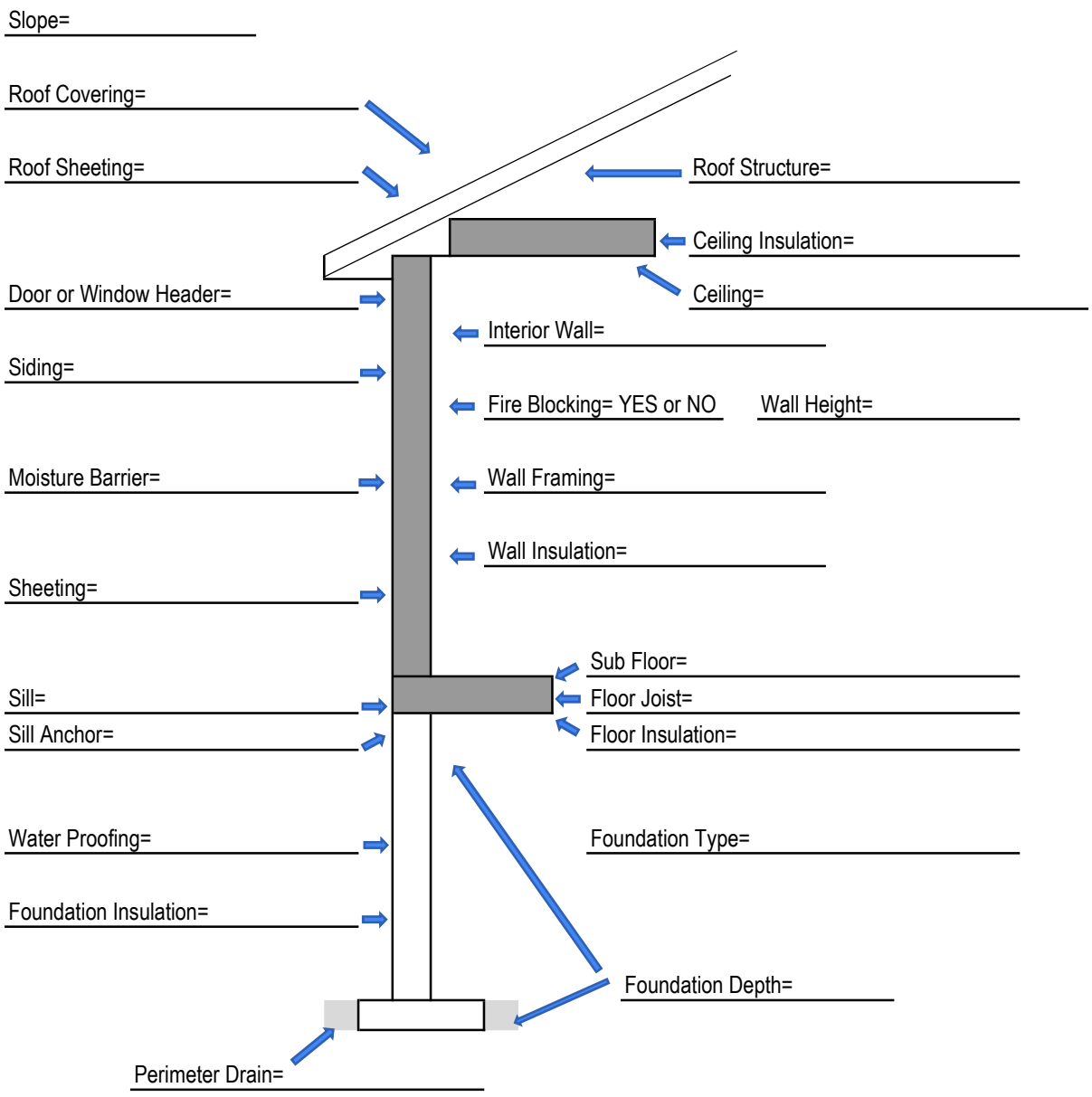
Capacity (owner or owner's representative):

Signature: Date:

Town of Ripley
14 N State Street, Ripley, NY 14775
Email: ripleybuild@outlook.com - Phone: (716) 413-8010, Ext 5 - Fax: (716) 413-8008

Typical Wall Section

Please fill in all information



Town of Ripley

14 N State Street, Ripley, NY 14775
Email: ripleybuild@outlook.com - Phone: (716) 413-8010, Ext 5 - Fax: (716) 413-8008

PLOT PLAN

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 and 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 the street line:** _____ ft Rear lot line: _____ ft

   Each side lot line = Left Side _____ ft Right Side _____ ft

   Distance to nearest building at rear _____ ft Left Side _____ ft Right Side _____ ft

Show distance from building to side, front and rear lot lines.

Rear of Lot _____ feet

Front of Lot _____ ft

Street Name: _____

Affidavit that Worker's Compensation and Disability Benefits are not required

State of New York
County of Chautauqua

_____ , being duly sworn, deposes and says:
Applicant's Name

An application has been subitted for work at: _____
Site Location

Please check one of the following and complete:

☐ 1. I *HAVE* engaged: _____ with offices at:
Contractor

_____ _____
Business Address Phone

☐ Contractor DOES have Employees residing in New York

Above contractor must carry current NYS Worker's Comp & DBL Ins. or submit waiver (Form CE-200)

☐ Contractor DOES NOT have Employees residing in New York

Contractor Signature: _____ Date: _____

OR

☐ 1. 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 the Building Inspector in insuring 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.

Owner/Representative Signature: _____ Date: _____