

SINGLE FAMILY HOME, COMMERCIAL AND FENCE BUILDING PERMIT APPLICATION PROCEDURES AND CHECKLIST

(Do not use this form for pole barns, swimming pools, decks or porches)

START HERE

1. To proceed with permit, you must have a property **E911-address number** or obtain a property address number from the E911-address system.

Contact: Nicki Adams (716) 753-4909 or email: adams@sheriff.us.

- Submit E911-address form (Town of Portland/Village of Brocton Form)

2. A copy of the paperwork from the County Health Department, (716) 753-4481, must be on file regarding septic system and private wells. There must be compliance with all Chautauqua Co. Health, rules regarding septic system and well.

- **Chautauqua County Public Health** Physical Address: 7 North Erie Street, Mayville, NY 14757 |
Phone: 716-753-4312 | E-mail: cchealth@co.chautauqua.ny.us | **Hours:** Monday – Friday
8:30 a.m. - 4:30 p.m.

If there is **public water:**

- All water questions and concerns please call **CBI Water** at 716-792-1900.

If there is **public sewer:**

- **Portland Pomfret Dunkirk Sewer District (PPDSD)** Physical Address: 50 Clark Street,
Mayville, NY 14757 | Phone: 716-753-7788 | Fax: 716-753-7796 |
E-mail: cummings@co.chautauqua.ny.us | **Mailing Address:** P.O. Box 167, Mayville, NY 14757

3. Complete **Building/Zoning Permit Application**. (Pg. 3 & 4)

4. Complete **Plot Plan** noting all setbacks. These must comply with local zoning regulations. If zoning district is not known, contact building/zoning officer. (Pg. 5)

5. Insurance for You or Your Contractor(s):

- A. If you are doing the work yourself and with less than 40 hours (cumulative) outside help, submit a **CURRENT COPY OF YOUR HOMEOWNER'S INSURANCE** indicating dates policy is in effect

OR-

- B. If the contractor doing the work is a sole proprietor or a partnership and has no employees, form **CE 200** must be filed, for **EACH** job, with the New York State Worker's Compensation Board Office (www.wcb.state.ny.us). Also, a **CURRENT COPY OF LIABILITY INSURANCE** must be filed with us naming the Town of Portland as the Certificate Holder.

OR –

- C. If contractor doing the work hires any part time or full time help or leases employees, the following proofs of insurance must be on file with this office naming the **Certificate Holder as:**

Town of Portland, 87 W. Main St., Brocton, NY 14716.

- Certificate of NY State Workman's Compensation Insurance** (*C-105.2 or U-26.3, ACORD forms are not accepted*).

- Certificate of Liability Insurance** (*ACORD 25*)



716-792-9614x4



87 W Main St, Brocton, NY 14716



716-792-9610



code@town.portland.ny.us

Certificate of Insurance Coverage under the NYS Disability Benefits Law (DB-120.1)

IF YOUR CONTRACTOR IS OUT OF STATE THEY ARE STILL REQUIRED TO SUBMIT THE ABOVE INSURANCE(S)

6. A copy of your survey is required for **NEW CONSTRUCTION** unless you reside in a mobile home park. If you reside in a mobile home park, please follow **THEIR PROCEDURES AS WELL AS THE TOWN'S**.

7. Commercial or Residential

A. **Commercial: TWO (2)** sets of plans for foundation, building and landscaping must be submitted. Plans are to be drawn by a **DESIGN PROFESSIONAL**.

STAMPED PLANS ARE REQUIRED FOR ALL COMMERCIAL BUILDING.

Plans submitted must bear the original seal and signature of a NYS licensed Professional Engineer or Registered Architect as provided for in Sections 7307 and 7209 of the New York State Education Law. Single and doublewide manufactured homes will have HUD paperwork. Modular and other purchased plans must be New York State plans. Additions require plans drawn to scale.

B. **Residential:** Residential construction **OVER 1500 SQ. FT AND/OR GREATER THAN \$20,000:** Plans are to be drawn by a **DESIGN PROFESSIONAL**.

STAMPED PLANS ARE REQUIRED FOR ALL RESIDENTIAL BUILDS LISTED ABOVE.

Plans submitted must bear the original seal and signature of a NYS licensed Professional Engineer or Registered Architect as provided for in Sections 7307 and 7209 of the New York State Education Law. Single and doublewide manufactured homes will have HUD paperwork. Modular and other purchased plans must be New York State plans. Additions require plans drawn to scale.

Name _____ RA _____ PE _____

License # _____ Phone _____

The above RA or PE must complete and attach a Plan Review Summary Sheet

8. You must comply with **DEC OR FEMA REGULATIONS** related to **WETLANDS, FLOOD ZONES AND LAKESHORE. SEQR (STATE ENVIRONMENTAL QUALITY REVIEW);** and **DEPARTMENT OF LABOR REQUIREMENTS** (i.e. asbestos removal laws).

KNOW WHAT'S BELOW, CALL BEFORE YOU DIG.

Making one-call just got easier – **JUST DIAL 8-1-1** when you need to make an underground facility locate request. State and federal laws require a person to call their area one-call center at least two days, and in some cases three days, prior to beginning excavation. Excavators can now use the national designated three-digit number, 811, or continue to use individual state one-call numbers to reach their local one-call center. For more information on the 811 program and media campaign, please **VISIT WWW.CALL811.COM**.



BUILDING/ZONING PERMIT APPLICATION TOWN OF PORTLAND

General Information:

- A. COMPLIANCE – Applicants are responsible for complying with all regulations in the NYS Building Code and Town of Portland Zoning Law as well as other laws (e.g. Health Dept. Permits, etc.)
- B. ASSISTANCE – Forms shall be filled out as accurately and completely as possible. Assistance is available from the Code Enforcement Officer.
- C. FEE – A fee specified in the Zoning Law must be paid prior to processing this application.
- D. TIME FOR PROCESSING – Approval or denial will be sent or given to the applicant within 2 weeks from the date the application and all supporting documentation is received.
- E. ANSWERING QUESTIONS – All questions must be answered prior to the processing of the permit.

APPLICANT INFORMATION:

A. APPLICANT NAME: _____
 Mailing Address: _____
 Phone Number: _____ DATE: _____

B. OWNER/NAME: _____
 Mailing Address _____
 Phone Number: _____

C. CONTRACTOR’S NAME: _____
 Mailing Address: _____
 Phone Number: _____

CONSTRUCTION TIME PERIOD – Start Date: _____ Completion Date _____

PROPERTY LOCATION: (Construction Site)

- A. Street or Road _____
- B. Section/Block/Lot from tax map _____
- C. Zoning District (check one): AG, AG-R, NC, R2, R3, HC, LC, LL, CR

PROJECT USE & DESCRIPTION: (answer all applicable questions)

A. Type Use (check one): Residential, Commercial*, Industrial*, Other: _____
 Explain in more detail (e.g., two family, farm machinery sales, etc.) _____

B. Which describes the project (Permit is for) check one:
 Single Family Home, New Building, Addition, Repair/Retrofit, Alteration, Demolition, Sign, Conversion, Fence, Land Use Only, No Structures, Other (please explain in detail): _____

C. TYPE OF CONSTRUCTION: Wood Frame, Block, Pole, Barn, Manufactured Housing, Modular,
 Other (Explain in more detail) _____



* For Commercial Structures or Commercial Land Use: See Site Plan Review Application and Requirements.

- D. **SIZE: Floor space in dimensions** _____ **Square Footage** _____
Height in Stories and feet to Eaves _____
- E. **COST: Estimated Construction Cost** _____
- F. **BUILDING MATERIALS: Please list on Separate Sheet**
- G. **MANUFACTURED HOUSING:** Single Wide, Double Wide
Year of Manufacturer _____, **Serial Number** _____, **Model** _____

PLOT PLAN (See Page 4): On the separate enclosed sheet, graphically and approximately to scale, describe the proposed structure as it relates to its surroundings. Include: buildings, driveways, parking/loading areas, sign locations, fences, adjacent roadways, steep slope areas, distance of structures to road/boundary lines, lot dimensions, and other important features. Include 2 copies of a9-ny blue prints (1 copy will be returned to you with any required changes).

ENVIRONMENTAL CONCERNS: Prior to granting the building/zoning permit, assurances must be received that the applicant has complied with all environmental laws. County Health Department approved water and sewer is mandatory where applicable. Check which of the following laws apply: (1) Health (sewer & water), (2) Flood Insurance, (3) State Environmental Quality Review Act (SEQR). Attach written approval or permit with this application.

OTHER INFORMATION: (Answer all applicable questions)

- A. **ACCESSORY USES – Describe all accessory uses to be included: include size, location and use.** _____

- B. **PARKING/LOADING – Specify the number, size, location of all parking places and/or loading spaces to be provided:** _____

- C. **STREET ACCESS – Is lot adjacent to existing roadway?** Yes No
Is a driveway to be constructed in a road right-of-way? Yes No
- D. **SEASONALITY – Is this structure to be used year-round?** Yes No

SIGNATURES: The above information is accurate to the best of my knowledge:

Owner of Property: _____
(Signature) DATE

Applicant: _____
(Signature) DATE

OFFICIAL USE ONLY: PERMIT # _____

Type of Construction: _____ **Occupancy** _____

Existing Use: _____ **Proposed Use:** _____

Fee Paid: \$ _____ Cash Check #: _____

Approved Rejected ZBA Approval Planning Board Approval

Building Inspector's Signature _____ Date _____

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, locations and sizes of 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 distinctly all building and structures, show widths and depths of all yards, show names of all streets and indicate north with an arrow.

SHOW DISTANCE FROM ANY BUILDING TO SIDE, FRONT AND REAR LOT LINES
SHOW DISTANCE BETWEEN ANY BUILDINGS

Rear of Lot _____ ft.

Left side depth of lot _____ ft.

Right side depth of lot _____ ft.

Frontage of lot _____ ft.

Street Name _____

