



Town/Village of Livonia

Building & Zoning Department
Office (585)346-2098 Fax (585)346-4385
Email: bzteam@livonianyny.org

Permit # _____
Permit issued _____
Permit expires _____
Zoning District _____
Tax map # _____

BUILDING/ZONING PERMIT APPLICATION

INSTRUCTIONS:

1. This application must be completely filled out and submitted to the Building Dept. with permit fee, insurance documents, and requested supporting information.
2. A survey map showing the location of lot and buildings on premises, relationship to adjoining properties and street frontage may be required. A plot diagram may be substituted upon Building Department approval.
3. Actual work may not commence until issuance of building permit. Such permit shall be displayed on premises available for inspection through the progress of the work.
4. Submit 2 sets of plans and specifications with licensed architect/engineer stamp and seal if required.
5. Work under \$20,000 does not need architectural/engineer stamp unless work involves structural changes.
6. No building shall be occupied or used until a Certificate of Occupancy has been issued by Building Department.
7. After approval of application, changes or alterations are prohibited unless Building Dept. approves. An additional permit fee may be charged predicated on the extent of the variation from the original plans.
8. This application is valid for one year, but may be extended for 3 months.
9. All building permits are required to be closed out with a issuance of a Certificate of Compliance or Occupancy.
10. It is the responsibility of the applicant/owner to contact the Building Department to conduct inspection during construction and upon completion of the project.
11. New construction within Conesus Lake Watershed involving grading shall be referred to the Conesus Lake Watershed Inspector.

PROPERTY

OWNER: _____ phone _____ Email _____

Mailing address _____ Town _____ State _____ Zip _____

APPLICANT (if not property owner) _____

Address _____ Town _____ State _____ Zip _____

Phone _____ Email _____

PROPOSED CONSTRUCTION/PROJECT LOCATION _____

Nearest intersection _____ Subdivision Name _____

LOT INFORMATION: Area _____ Road frontage (width) _____ Depth _____

NEW CONSTRUCTION (If applicable): Flood Plain _____ Panel # _____

- Public Water Hookup
 Private Water
 Public Sewer Hookup
 Private Sewer

CONTRACTOR NAME: _____ PHONE _____

Address _____ Email _____

Name and phone #s of Subcontract Electrician, Plumber, and Other Subcontractors: _____

- General Liability
 Workers Compensation
 New York State Disability
 Homeowners Exemption Form
 CE-200 Affidavit of Exemption
 Asbestos Notice
 Lead Paint Notice

ARCHITECT/ENGINEER (If applicable) Name _____

Address _____ Phone _____

Email _____ Professional License # _____

NATURE OF WORK:

- Construction of a new Building
- Addition to a Building-size & use _____
- Alteration to a Building-describe _____
- Demolition of Building-describe _____
- Move/Relocate Structures
- Installation of Oil or Gas Burner
- Installation of Plumbing
- Installation of Electrical
- Other Work _____

NON RESIDENTIAL STRUCTURES

- Accessory Building, size _____
- Garage - ___ Att'd ___ Det'd Size _____
- Shed - Size _____
- Barn - Size _____
- Deck/Porch Size _____
- Fence Size _____
- Pool ___ Inground ___ Above ground Size _____
- Sign
- Other Work - Describe _____

TYPE OF DWELLING:

- Ranch- dimensions _____ Sq. Ft. _____
 - Raised Ranch- dim. _____ Sq. Ft. _____
 - Split Level - dim. _____ Sq. Ft. _____
 - 1 1/2 Story - dim. _____ Sq. Ft. _____
 - 2 Story-dimensions _____ Sq. Ft. _____
 - Modular-dimensions _____ Sq. Ft. _____
 - Mobile Home - dim. _____ Sq. Ft. _____
- Year _____

OCCUPANCY & USE OF PROPERTY

- One Family Dwelling Two Family Dwelling
- Multiple Dwelling Unit # of units _____
- Commercial - Type _____
- Professional - Type _____
- Other Type - Occupancy _____
- Change in Occupancy _____

CHIMNEY/FIREPLACE/STOVE

- Erection of Chimney UL# _____
 - Installation of a Fireplace or Insert UL# _____
 - Installation of a Wood Burner UL# _____
- Make of Stove/Fireplace/Insert _____

Manufacturer's installation manual must be provided with application

DO NOT FILL IN BELOW THIS LINE (FOR OFFICE USE ONLY)

- lot coverage
- County Planning Board
- SEQR
- Conditional Use Permit
- Site Plan Approval
- Notes: _____

A DETAILED SKETCH OF PROPOSED CONSTRUCTION, MATERIALS PROPOSED AND FLOOR PLAN (IF APPLICABLE) MUST BE PROVIDED - ATTACH ADDITIONAL SHEETS AS NECESSARY

Plot Diagram/survey map/Proposed Construction

- *Locate all buildings clearly and distinctly, label existing or proposed*
 - *Indicate all setback dimensions from property lines. Please include front yard setback (from Right-of-way of street), side yard setbacks, and rear yard setback.*
 - *Show all easements and street names, adjacent property owners names*
 - *Show any water bodies, creeks, drainage channels, or shorelines.*
- See Attached Survey Map/pages

FEE INFORMATION

Estimated cost of Construction _____ Floor Area _____ Sq.Ft. _____

Fee: _____ Received: _____ By: _____

I hereby apply under the Zoning Ordinance and the Building Code of the Village/Town of Livonia, New York for a permit to construct or alter a building and/or accessory structure as set forth above, and certify that the statements herein contained are true to the best of my knowledge and belief.

I also grant the permission for the Code Enforcement and/or Zoning Officer to enter the property and structures thereon as frequently as deemed necessary to inspect the same for the compliance of the Uniform Code.

Signature of Applicant/Owner Date

Owner Signature (if not Applicant) *I authorize the above named applicant to act as my representative* Date

This application is hereby APPROVED DISAPPROVED and permission is GRANTED DENIED
For the construction or alteration of a building and/or accessory structure as set for above

Zoning Officer/Building Inspector Date

Does Use Violate Any Code? _____ If so describe: _____

PETITION To the Livonia Joint Board of Appeals

Dated _____

Signed _____
Petitioner

Action by the Livonia Joint Board of Appeals on the above stated matter: _____

Dated _____

Attest _____
Secretary, Board of Appeals

Chairperson _____

Member _____

Member _____

Member _____

Member _____