

**VILLAGE OF GOWANDA**

27 West Main Street  
Gowanda, NY 14070  
Phone (716) 532-3353  
Fax (716) 532-2938

**CODE ENFORCEMENT OFFICE**

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716-532-3353 ext. 104

**Building Permit Application Process**

List of required documents to be submitted for building permit application approval

*All applicable documents listed below must be fully completed and submitted to this office prior to the issuance of a building permit. Failure to submit any of the required documents or submittal of any incomplete documents will result in a delay of the building permit being issued.*

1. Building Application- **A FULLY COMPLETED BUILDING PERMIT APPLICATION** including date, full name and address, phone number, email of applicant, property owner, and contractor. Building site address, section block and lot number, scope proposed work and signature of the property owner. (land contract owner signature shall not be approved)
2. Drawings- A drawing of ALL proposed work must be submitted prior to the approval of a building permit, plans for all commercial applications and residential applications over 1500 square feet must submit **TWO** copies of stamped drawings by a licensed architect or engineer.
3. Site plan- a site plan of ALL buildings on the lot including length, width, and setback measurements from lot lines must be submitted prior to the approval of a building permit.
4. Workers Compensation Document- **ALL PERMITS REQUIRE ONE OF THE FOLLOWING FIVE NYSWCB DOCUMENTS BE SUBMITTED PRIOR TO THE APPROVAL OF A BUILDING PERMIT.** (All NYSWCB forms are submitted under penalty of perjury a felony, carrying penalty up to four years in prison)
  - a. BP-1 If ALL work is being done by homeowner- no contractors working on project (40-hour rule) Form can be printed at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)
  - b. CE-200 Exemption for sole proprietor contractor that is not required to carry workers comp. Not a waiver of workers compensation (does not apply to subcontractors) Form can be completed at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or call 8666-346-9322
  - c. C-105.12 For contractors covered by private NYS licensed insurance carriers (SI-12 Self Insurers)
  - d. U-26.3 For businesses insured by the NYS insurance fund
  - e. DB-120.1 For businesses with Certificate of Disabilities benefits (DB-155 for Self-Ins)
5. Plan Review- For all new one- and two-family dwellings a fully completed NYS one- and two-family dwelling plan review must be submitted prior to the approval of a building permit. This form is available at the town clerk's office.
6. Septic System- For all buildings requiring a new, repaired, improved, or re-established (after a period of non-usage) septic system. A letter from the Cattaraugus County Dept. of Health approving the proposed plan for use is required prior to the approval of a building permit.
7. Specialized Inspections- Third party inspectors are required for all specialized inspections and must be identified prior to the approval of a building permit- electrical inspectors, structural steel inspectors, elevator inspectors, asbestos, and lead removal, etc. all third-party inspectors must be identified by business name, address, phone, and fax numbers.
8. A Certificate of Occupancy can be obtained at the building inspector's office after final inspection and any or all remedies have been completed



# VILLAGE OF GOWANDA

## BUILDING PERMIT (NYS UNIFORM CODE COMPLIANT)

Village of Gowanda – Code Enforcement Office  
27 East Main Street, Gowanda, NY 14070  
Phone: 716-532-3353 ex.104 | Email: Gowandacode@gmail.com

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### PERMIT INFORMATION

- Building Permit No.: \_\_\_\_\_
- Date Issued: \_\_\_\_\_
- Permit Expiration: \_\_\_\_\_

*(Permit expires if work does not commence within 12 months or is suspended/abandoned for 6 months, unless extended in writing.)*

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### PROPERTY INFORMATION

- Property Address: \_\_\_\_\_
- Tax Map / SBL #: \_\_\_\_\_
- Zoning District: \_\_\_\_\_
- Floodplain:  Yes  No

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### OWNER INFORMATION

- Owner Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## APPLICANT / CONTRACTOR INFORMATION

Owner  Contractor  Authorized Agent

- Name: \_\_\_\_\_
- Company Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Contractor License No. (if applicable): \_\_\_\_\_
- Workers' Compensation:  Provided  Exempt
- Disability Insurance:  Provided  Exempt

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## DESCRIPTION OF WORK

- New Construction
- Addition
- Alteration / Renovation
- Repair
- Demolition
- Change of Use / Occupancy
- Accessory Structure
- Mechanical / Electrical / Plumbing

### Detailed Description of Proposed Work:

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## STRUCTURE INFORMATION

- **Use Group:**  Residential  Commercial  Mixed Use
- **Number of Dwelling Units (if applicable):** \_\_\_\_\_
- **Number of Stories:** \_\_\_\_\_
- **Gross Floor Area (sq. ft.):** \_\_\_\_\_
- **Estimated Construction Cost: \$** \_\_\_\_\_

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## REQUIRED SUBMISSIONS / APPROVALS

- Building Permit Application
- Construction Drawings / Plans
- Site Plan
- Energy Code Compliance Documentation
- Zoning Compliance Approval
- Planning Board Approval (if required)
- SEQRA Determination
- Floodplain Development Permit (if applicable)
- Contractor Insurance Certificates
- Other: \_\_\_\_\_

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## INSPECTIONS REQUIRED

The permit holder shall notify the Code Enforcement Office to schedule required inspections. Work shall not proceed beyond each stage without approval.

- Footing / Pier
- Foundation
- Framing
- Rough Electrical
- Rough Plumbing
- Mechanical
- Insulation / Energy Code
- Fire & Life Safety Systems
- Final Inspection

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# CODE COMPLIANCE

All work authorized by this permit shall comply with:

- New York State Uniform Fire Prevention and Building Code
- New York State Energy Conservation Construction Code
- Village of Gowanda Zoning Law and Local Ordinances
- Approved plans and conditions of approval

No deviations from approved plans shall be made without written authorization from the Code Enforcement Officer.

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## PERMIT CONDITIONS

1. This permit shall be posted in a visible location at the job site.
2. This permit does not authorize occupancy. A Certificate of Occupancy or Certificate of Compliance is required prior to use, where applicable.
3. Failure to comply may result in a Stop Work Order, permit revocation, fines, or legal action pursuant to NYS law.
4. Work outside the scope of this permit is prohibited.

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## CERTIFICATION & SIGNATURES

### Issued By – Code Enforcement Officer:

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

Signature: \_\_\_\_\_

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

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### Owner / Applicant Certification:

I certify that the information provided is true and correct and that all work will be performed in compliance with applicable codes and laws.

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

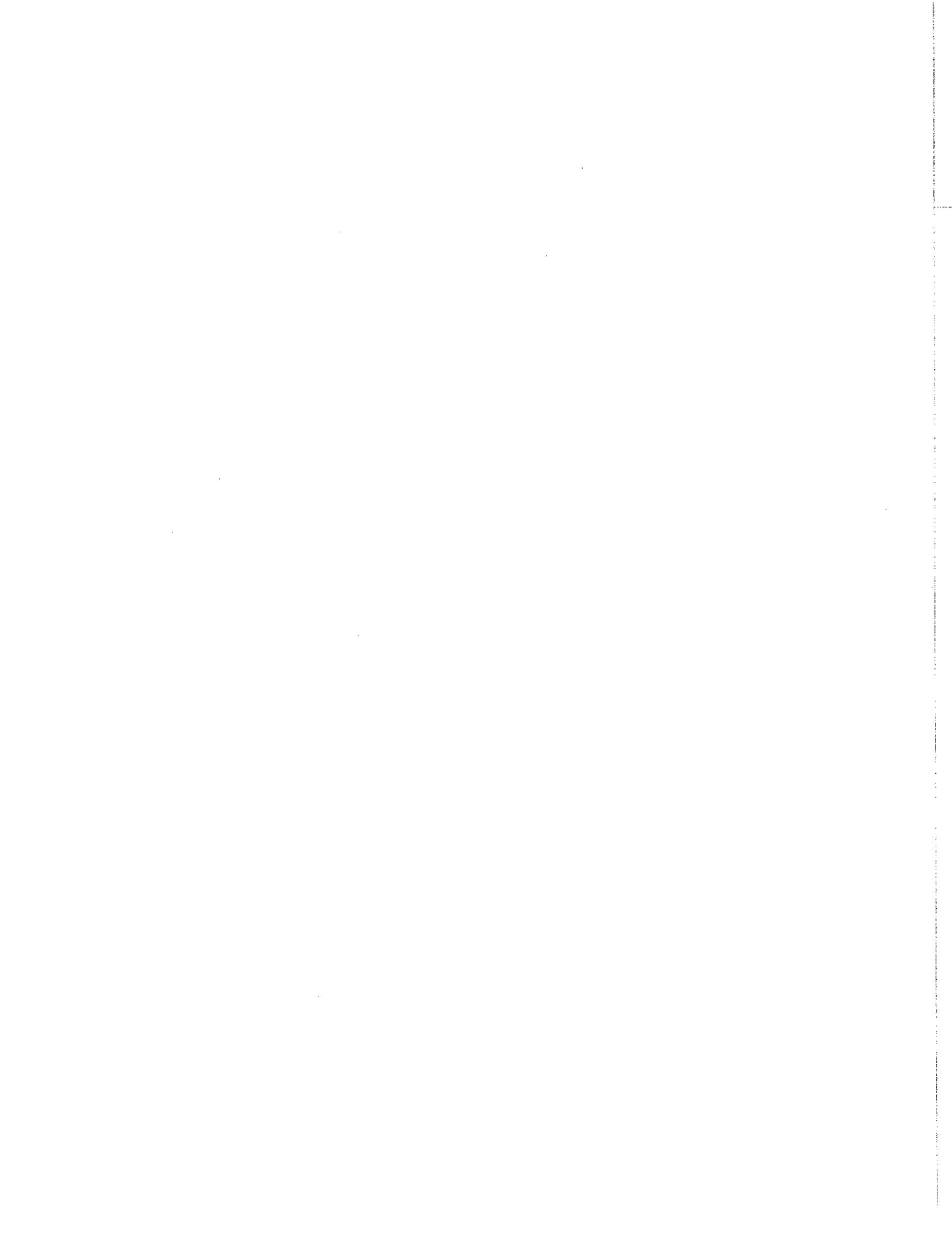
Signature: \_\_\_\_\_

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

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## OFFICE USE ONLY

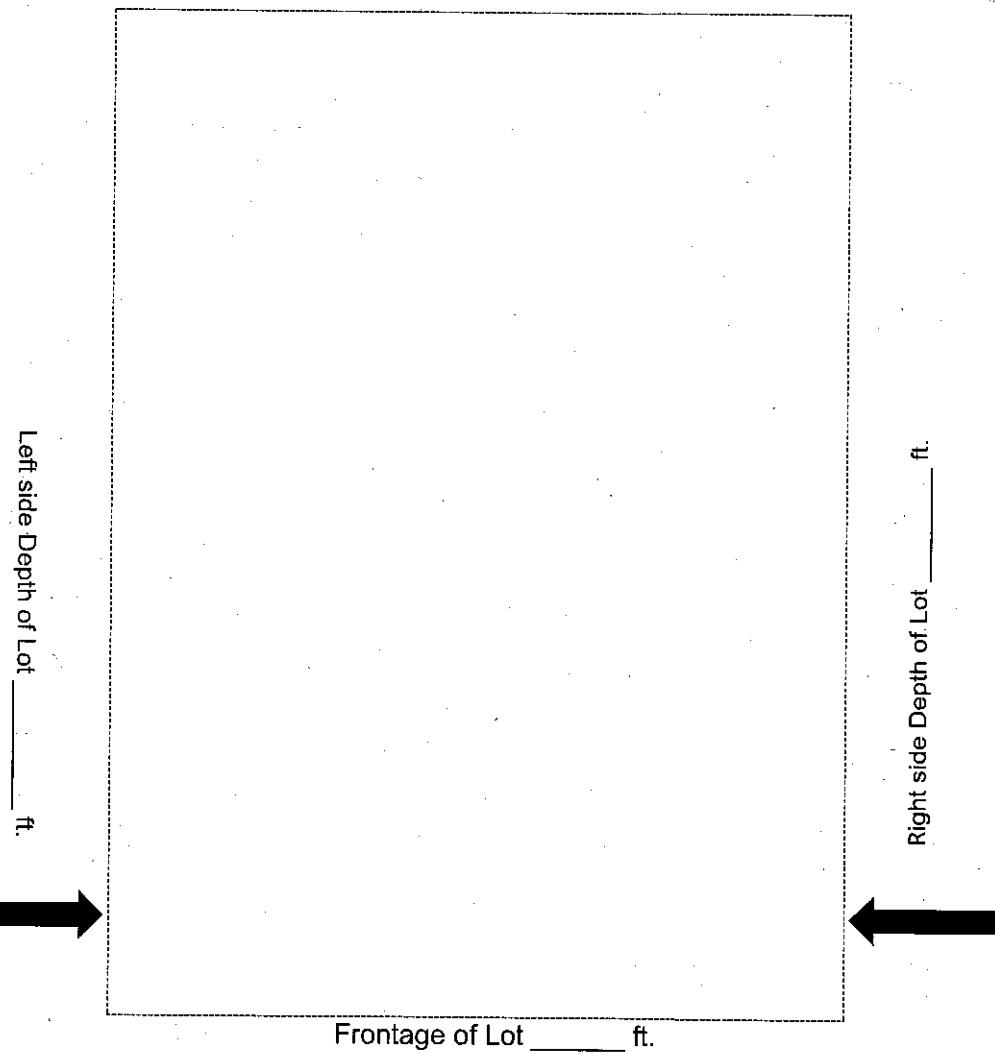
- **Permit Fee:** \$ \_\_\_\_\_
- **Receipt No.:** \_\_\_\_\_
- **Zoning Approval:**  Yes  No
- **Planning Board:**  Required  Not Required
- **SEQRA:**  Type II  Unlisted  Coordinated Review
- **Notes:** \_\_\_\_\_



## REQUIRED SITE PLAN DRAWING

1. Draw the lot size (record the total acreage and distance in feet of all sides of property)
2. Draw the location of any existing buildings on property and any buildings on adjoining property within 10 feet of property lines. (record all building sizes and distances)
3. Draw the location of the proposed work in relation to attached or surrounding buildings (record all distances)
4. Measure the record distance of front yard setback, side yard setback, rear yard setback of proposed building.
5. All applications for commercial buildings must attach additional information detailing drainage, landscape plans, off-street parking, etc.

Rear of Lot \_\_\_\_\_ ft.



Street Name \_\_\_\_\_

DRAW SITE PLAN HERE OR ATTACH DRAWING TO APPLICATION  
(DRAWN TO SCALE)



**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance  
Coverage for a 1,2,3, or 4 Family, Owner-Occupied Residence.**

*\*\*This form cannot be used to waive the worker's compensation rights or obligations of any party\*\**

Under penalty of perjury, I certify that I am the owner of the 1,2,3, or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

I am performing all the work for which the building permit was issued.

I am not hiring, paying, or compensating in any way, the individual (s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.

I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- have the general contractor, performing the work on the 1,2,3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes at total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

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(Signature of Homeowner)

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(Date signed)

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(Homeowner's Name Printed)

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Home Telephone Number

Property Address that requires the building permit:

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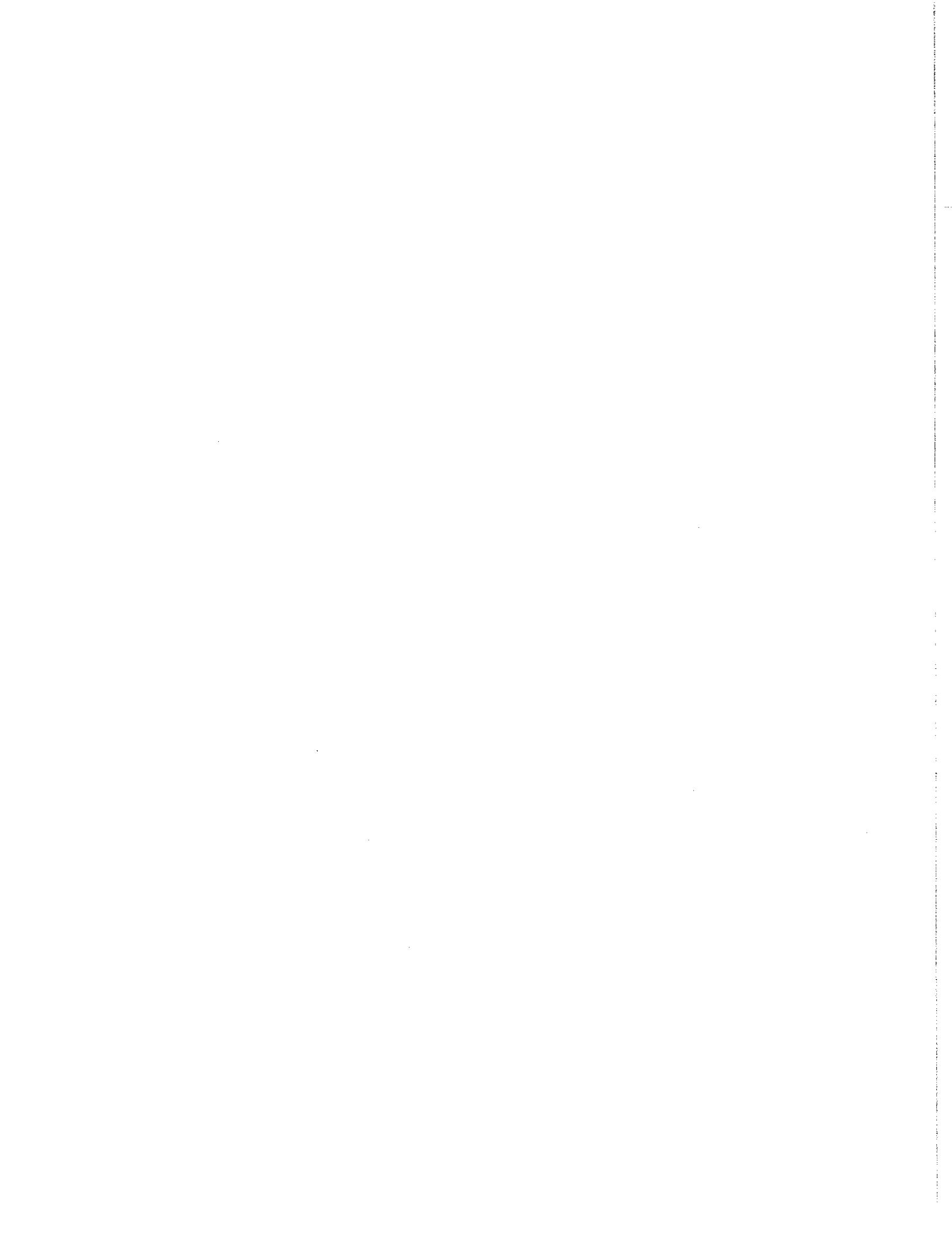
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Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

**(County Clerk or Notary Public)**

Once notarized this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.



# **ABESTOS AND YOUR DEMOLITION PERMIT**

**A COPY OF YOUR ASBESTOS SURVEY AND A SIGNED AND NOTARIZED COPY OF THIS DOCUMENT SHALL BE SUBMITTED TO THE BUILDING OFFICIAL ALONG WITH THE PERMIT APPLICATION FOR DEMOLITION.**

1. THE LAW GOVERNING ASBESTOS REMOVAL IS **CODE RULE 56** AND THE TEXT CAN BE FOUND AT THE NYS DEPT. OF LABOR WEBSITE, [WWW.LABOR.NY.GOV/HOME](http://WWW.LABOR.NY.GOV/HOME). GO TO LAWS & REGULATIONS > HEALTH & SAFETY > CODE RULES
2. YOU **MUST** PERFORM AN ASBESTOS SURVEY PRIOR TO ANY DEMOLITION WORK, THE ASBESTOS SURVEY WILL IDENTIFY ALL ASBESTOS HAZARDS WITHIN THE BUILDING BEING DEMOLISHED.
3. IF THE ASBESTOS SURVEY IDENTIFIES ANY ASBESTOS WITHIN THE BUILDING, THEN ALL OF THE IDENTIFIED ASBESTOS **SHALL** BE REMOVED BY A NYS CERTIFIED ASBESTOS ABATEMENT CONTRACTOR.
4. THE ONLY EXCEPTION TO THE REQUIREMENTS OF CODE RULE 56 IS WORK BRING PERFORMED IN AN OWNER-OCCUPIED SINGLE-FAMILY DWELLING, WHERE ANY WORK PREFORMED IS ONLY PERFORMED BY **THE PROPERTY OWNER**.
5. THE EXCEPTION TO CODE RULE 56 **DOES NOT** PERMIT ANY EMPLOYEES PERSONS, FRIENDS, OR FAMILY MEMBERS TO HELP WITH DEMOLITION AS A VOLUNTEER OR ANY PERSON TO PERFORM WORK FOR NO FEE. THE NYS LABOR BOARD CONSIDERS THIS WORK AS EMPLOYED WORK REGARDLESS OF THE LACK OF ANY COMPENSATION.
6. AGRICULTURAL BUILDINGS, SINGLE FAMILY DWELLINGS, AND THEIR ACCESSORY STRUCTURES CAN BE BURIED ON SITE WITH PERMISSION FORM THE NYS DEC.

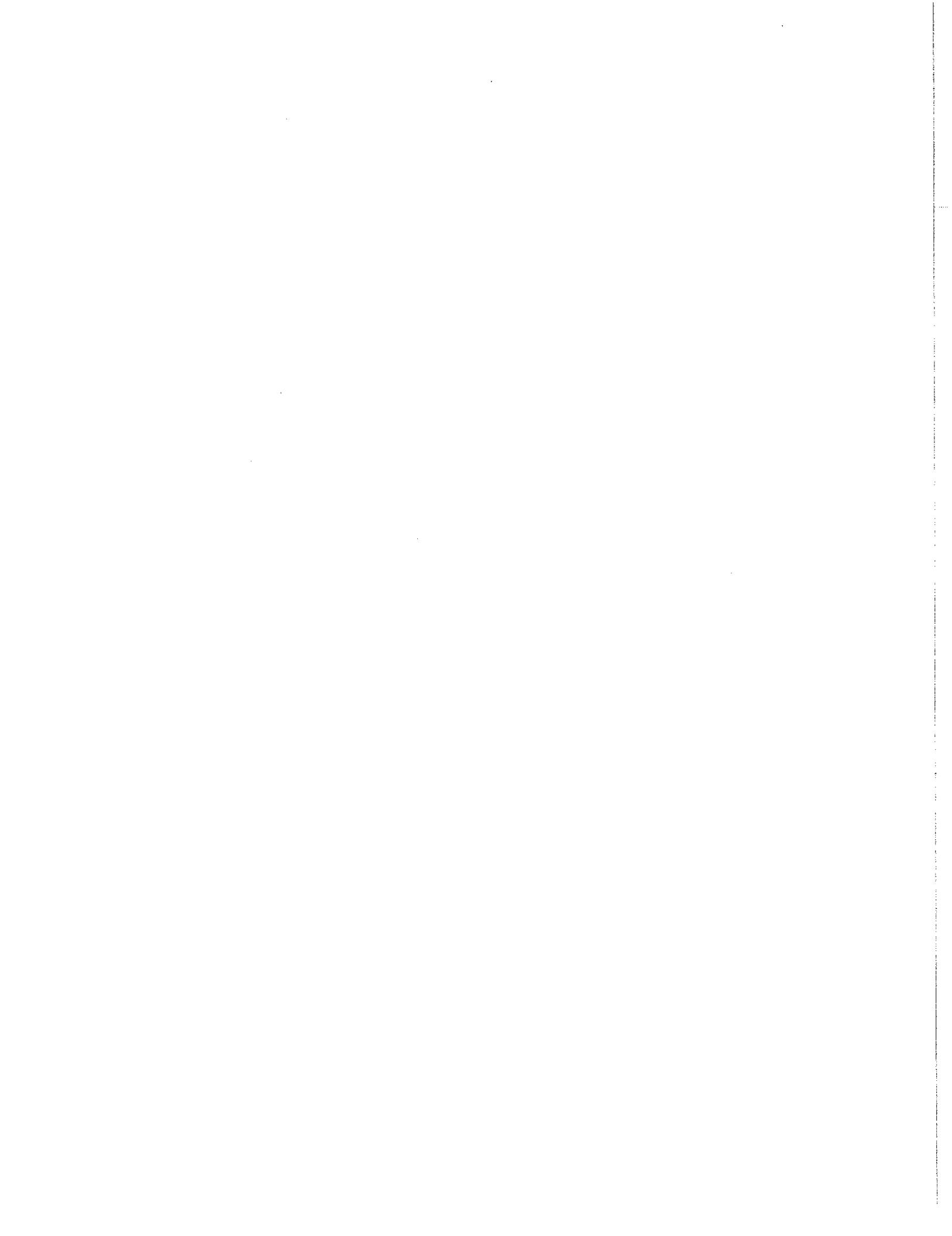
**I HAVE READ AND UNDERSTAND ALL OF THE ABOVE RULES AND REGULATIONS REGARDING CODE RULE 56 AND ASBESTOS REMOVAL AS IT RELATES TO MY DEMOLITION PERMIT.**

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SIGNATURE OF PERMIT APPLICANT

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NOTARY



# SEQRA ONE-PAGE FLOWCHART (NYS)

For Code Enforcement Officers, Clerks & Boards

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## STEP 1 – IS SEQRA APPLICABLE?

Ask the following:

**1. Is there a government approval involved?**

Yes  No

**2. Is the action discretionary (judgment required)?**

Yes  No

**3. Could the action affect the environment?**

Yes  No

→ If ANY answer is NO → SEQRA DOES NOT APPLY

→ If ALL answers are YES → Proceed to Step 2

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## STEP 2 – CLASSIFY THE ACTION

### A. TYPE II ACTION (6 NYCRR §617.5)

Exempt from SEQRA review

No EAF required

**Common Examples:**

- Routine building permits
- Residential additions or renovations
- In-kind replacements (roof, siding, windows)
- Interior alterations (no change of use)
- Code enforcement actions

→ Document as:

“Type II Action – SEQRA review not required”

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## **B. UNLISTED ACTION**

- SEQRA review required
- Short or Full EAF required

### **Common Examples:**

- New single-family dwelling
- Small commercial building
- Site disturbance or grading
- Change of use with impacts

→ Proceed to Step 3

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## **C. TYPE I ACTION (6 NYCRR §617.4)**

- Presumed significant impact
- Full EAF required
- Coordinated review required

### **Common Triggers:**

- $\geq 10$  residential units
- Non-residential projects  $\geq 4$  acres
- Zoning amendments
- Actions in historic districts
- Projects near wetlands or floodplains

→ Proceed to Step 3

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## **STEP 3 – COMPLETE ENVIRONMENTAL REVIEW**

### **ENVIRONMENTAL ASSESSMENT FORM (EAF)**

- **Short EAF:** Unlisted actions
- **Full EAF:** Type I actions

### **Lead Agency reviews impacts:**

- Traffic

- Drainage / flooding
- Noise
- Historic resources
- Community character

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## STEP 4 – SEQRA DETERMINATION

### NEGATIVE DECLARATION

No significant environmental impacts  Project may proceed

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### POSITIVE DECLARATION

Significant impacts likely  Environmental Impact Statement (EIS) required

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## IMPORTANT RULES

- SEQRA must be completed **BEFORE** permit issuance
- Determination must be **documented in the file**
- Most building permits are **Type II**
- Planning Board / ZBA approvals usually trigger SEQRA

