

# 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	<input type="checkbox"/>	<input type="checkbox"/>	C1 Business	<input type="checkbox"/>	<input type="checkbox"/>
A2 Two-Family Dwelling	<input type="checkbox"/>	<input type="checkbox"/>	C2 Mercantile	<input type="checkbox"/>	<input type="checkbox"/>
			C3 Industrial	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Dwelling	Number Of Units		C4 Storage	<input type="checkbox"/>	<input type="checkbox"/>
B1 Permanent Occupancy	<input type="checkbox"/>	<input type="checkbox"/>	C5 Assembly	<input type="checkbox"/>	<input type="checkbox"/>
B2 Transient, incl. Fraternity	<input type="checkbox"/>	<input type="checkbox"/>	C6 Institutional	<input type="checkbox"/>	<input type="checkbox"/>
B3 Senior Citizens Residence	<input type="checkbox"/>	<input type="checkbox"/>	C7 Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>
B4 Adult Residential Care	<input type="checkbox"/>	<input type="checkbox"/>	Specify here:		

5. Nature of Proposed Work (Check all that apply)

<input type="checkbox"/> Construction of a New Building	<input type="checkbox"/> Relocation of a Building or Structure
<input type="checkbox"/> Addition to an Existing Building	<input type="checkbox"/> Stove, Fireplace or Furnace Installation
<input type="checkbox"/> Renovation, Alteration	<input type="checkbox"/> Chimney, Flue, Smoke Pipe Installation
<input type="checkbox"/> Demolition, Complete or Partial	<input type="checkbox"/> Swimming Pool Installation or Relocation
<input type="checkbox"/> Exterior Porch, Deck, Steps	<input type="checkbox"/> Accessory Structure: _____
<input type="checkbox"/> 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?

<input type="checkbox"/>	Yes	Permit number _____; Issue Date _____
<input type="checkbox"/>	No	But a Zoning Compliance Permit is not required for this project.
<input type="checkbox"/>	No	But an application has already been filed.
<input type="checkbox"/>	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, \_\_\_\_\_