

Sight Plan Review: yes no Signature _____ Date _____
Zoning Board: yes no Signature _____ Date _____
Zoning Inspector: yes no Signature _____ Date _____
Building Inspector: yes no Signature _____ Date _____

Permit Issued: _____ Permit Number: _____

Ron Bridenbaker, Building Inspector - 938-9127 - *Date Received* _____

Ron Frentz, Zoning Inspector - 938-6732 - *Date Received* _____

APPLICATION FOR VILLAGE OF LITTLE VALLEY
BUILDING/DEMOLITION PERMIT

PLEASE PRINT

Phone number: _____

Applicant's Name: _____ Address: _____

Plans and Specifications for: _____

Type of Construction: _____

Dimensions: Front _____ ft. Deep _____ ft. Stories _____

Estimated cost of Proposed Construction: \$ _____

Address of Construction: _____

Tax map # of Construction site: _____

Zone of Proposed Construction: _____

Intended Use and Occupancy: _____

The applicant agrees to comply with all applicable laws, ordinances and regulations.

Signature of Property Owner: _____

Two (2) sets of drawings or plans must be attached if applicable

Contractor: _____

Plans filed _____ Approved _____ Not Approved _____

Size of Lot: Front _____ ft. Deep _____ ft. Rear: _____ ft.

Lot Occupancy not more than _____ % percent.

Distance from Street Line to Building: Front: _____ Side Lot Line: _____ and

_____ ft. Rear Line: _____ ft.

Owner of Property: _____

Address: _____

Fee: \$ _____ *(make checks payable to the Village of Little Valley)*

PERMIT EXPIRES TWELVE (12) MONTHS AFTER DATE OF ISSUANCE

Do you have liability insurance? *Yes No* Workmen's Compensation Insurance? *Yes No* Duality Benefits Law Insurance? *Yes No* Does the Applicant agree to meet the requirements of the Cattaraugus County Health Department Sanitary Code and State Plumbing code? *Yes No* And agree to meet all Village Codes? *Yes No*

SOLID FUEL BURNING APPLIANCE

Make and Model Number _____ Materials under Appliance: _____

Material on walls behind Appliance: _____ Manufacturer's Recommended Distance from

Nearest Walls: _____ Flue Size: _____

