**VILLAGE OF SILVER CREEK**

**DEPARTMENT OF CODE ENFORCEMENT**

## 172 Central Ave. SILVER CREEK, N.Y. 14136

**PHONE: (716) 609-1473 Fax (716) 934-2700**

**Email:silvercreekcodeofficer@gmail.com**

BEFORE THE USE / USES DESCRIBED

IN THIS APPLICATION CAN BE

IMPLEMENTED A **CERTIFICATE OF**

**COMPLIANCE** MUST BE OBTAINED.

**TO BE FILLED OUT BY BUILDING INSPECTOR**

PERMIT NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOWN / VILLAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERMIT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMIT EXPIRES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZONING DIST. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VALUE OF WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMIT FEE**: $50.00**

**[ ] VARIANCE REQUIRED** **[ ]  GRANTED** **[ ]  DENIED DATE:\_\_\_\_\_\_\_\_**

**[ ]  N.O.D**

# DECK OR PORCH PERMIT

OWNER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX ID: SECTION \_\_\_\_\_\_\_\_\_\_ BLOCK \_\_\_\_\_\_\_\_\_\_\_ LOT \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARE NEW YORK STATE LICENSED ARCHITECT / ENGINEER PLANS ACCOMPANYING THIS APPLICATION?** **[ ]  YES** **[ ]  NO**

IF NO, DETAILED SKETCH OF PROPOSED CONSTRUCTION MUST BE PROVIDED ON ADDITIONAL SHEET.

NAME OF BUILDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_

***DIG SAFELY NEW YORK \* 1-800-962-7962***

***IT'S THE LAW CALL BEFORE YOU DIG***

**DECK OR PORCH**

[ ]  NEW DECK OR PORCH [ ]  ADDITION TO DECK OR PORCH

[ ]  ROOF OVER DECK [ ]  ENCLOSING EXISTING

[ ]  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIZE: L: \_\_\_\_\_\_\_X W:\_\_\_\_\_\_\_\_\_ X H:\_\_\_\_\_\_\_\_\_\_

LOCATION: [ ]  SIDE YARD [ ]  REAR YARD

DISTANCE FROM PROPERTY LINES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KIND OF MATERIALS : [ ]  WOOD

 [ ]  VINYL

 [ ]  COMPOSITE

 \_\_\_\_\_\_\_ OTHER

[ ]  WOOD FRAME [ ]  METAL FRAME

**FOUNDATION**

DEPTH OF FOUNDATION WALLS OR POLES BELOW GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ POURED CONCRETE \_\_\_\_\_\_\_CINDER BLOCK \_\_\_\_\_\_\_POLE STYLE

**ROOF**

[ ]  SLOPE [ ]  FLAT

MATERIALS: [ ]  ASPHALT SHINGLE [ ]  SINGLE PLY MEMBRANE

 [ ]  ROLLED MINERAL [ ]  CORRUGATED PLASTIC

 [ ]  METAL [ ]  WOOD SHAKE SHINGLE

**EXTERIOR FINISH**

[ ]  VINYL SIDING [ ]  WOOD [ ]  METAL [ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply under the Zoning Ordinance and the building Code of the Town / Village

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, New York for a permit to construct or alter an

 accessory structures as set forth above, also that I am aware of my true property lines,

and I certify that the statements herein contained are true or to the best of my knowledge

and belief.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The application of the above stated person (s) is hereby**

 **[ ]  Approved,** **[ ]  Disapproved**.

**Reasons for disapproval** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

 **John Good / Code Enforcement Officer**

Use this sheet to lay out property with dimensions, or attach a copy of your survey.