

**BUILDING DEPARTMENT**  
**Town of Aurora/Village of East Aurora**  
**300 Glead Avenue, East Aurora, NY**

Permit # \_\_\_\_\_  
 Reissue from \_\_\_\_\_

Phone (716) 652-7591  
 Fax (716) 652-3507

Circle one	Town or Village	Date _____
App Fee	\$ _____	
Permit Fee	\$ _____	ZBA Y or N
Park/Rec Fee	\$ _____	

**APPLICATION FOR BUILDING PERMIT**

New Building	Addition	Demolition	Solid Fuel Appliance
Alteration-Renovation	Accessory Building	Accessory Structure	Special Use
Temporary Accessory Building	Tower	Generator	

**Location** \_\_\_\_\_ **SBL#** \_\_\_\_\_

**Property Owner Name** \_\_\_\_\_

- Give a brief description of request/intention for building permit: \_\_\_\_\_
- Existing use and occupancy Residential \_\_\_\_\_ Commercial \_\_\_\_\_ (Check which applicable)  
 Intended use and occupancy Residential \_\_\_\_\_ Commercial \_\_\_\_\_ (Check which applicable)  
**Is there more than one dwelling on the parcel?** \_\_\_\_\_
- Size of completed building .....ft wide .....ft long .....ft high ..... stories Total sq ft.....
- Estimated Cost (determined by Building Department) \_\_\_\_\_
- Zone or use district in which premises are situated \_\_\_\_\_
- Does proposed construction violate any zoning law, ordinance or regulation? \_\_\_\_\_
- Name of Architect \_\_\_\_\_  
 Address of Architect \_\_\_\_\_ Phone Number \_\_\_\_\_
- Name of Contractor \_\_\_\_\_  
 Address of Contractor \_\_\_\_\_ Phone Number \_\_\_\_\_
- Contractors GL/WC/Disability Insurance Certificates on file \_\_\_\_\_  
 Number of Policy \_\_\_\_\_ Date of Expiration \_\_\_\_\_
- Electrical work done, to be inspected by, and a Certificate of Approval obtained from an inspection agency approved by the Town of Aurora. Yes \_\_\_\_\_ NA \_\_\_\_\_
- DPW Action Required WATER TAP \_\_\_\_\_ SEWER TAP \_\_\_\_\_ CURB CUT \_\_\_\_\_ BACKFLOW PREVENTER \_\_\_\_\_  
 GREASE TRAP \_\_\_\_\_

Bldg Dept Use Only		ZBA
Examined _____ 20 _____	Reason _____	
Approved _____ 20 _____	Approved/Denied _____	
Disapproved _____ 20 _____	Case # _____	
..... <b>Signature of Code Enforcement Officer/Building Inspector</b>		
Receipt is hereby acknowledged of the sum of \$..... equal to the fees schedule established by the Town Board of the Town of Aurora NY		
..... <b>Town Clerk/ Deputy Clerk</b>		
<b>Date:</b> _____		<b>Receipt</b> _____

**PLEASE READ BEFORE SIGNING APPLICATION**

- This application must be completely filled in by typewriter or in ink and submitted to the Building Department.**
- Survey showing location of lot and buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of this application. Indicate distance to nearest building on adjoining lot.
- This application must be accompanied by 2 complete set of plans (3 sets for commercial applications) showing proposed construction and 1 complete set of specifications.** Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- The work covered by this application may not be commenced before the issuance of Building Permit.

- E) Upon approval of this application, the Building Department will issue a Building Permit to the applicant. Such permit shall be kept on the premises available for inspection throughout the progress of the work.
- F) No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy shall have been granted by the Building Department.
- G) A building permit is issued with the express understanding that the applicant agrees to construct a sidewalk, where applicable, along the street frontage of the lot in accordance with the Village Ordinance and according to line and grade established by the Superintendent of Public Works.
- H) Commercial Permit Applications must be accompanied by NYS Health Department applications for **Backflow Prevention**.
- I) Commercial Plans must indicate size, type and location of **Grease Traps**.
- J) All applications affecting more than one acre of land must be accompanied by a storm water plan in compliance with NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION REQUIREMENTS. <http://www.dec.ny.gov/chemical/43133.html>
- K) Curb Cut Applications must be picked up and filed with the Department of Public Works

**APPLICATION IS HEREBY MADE to the Code Enforcement Officer for the issuance of a Building Permit pursuant to the NEW YORK UNIFORM FIRE PREVENTION AND BUILDING CODE for the construction of buildings, additions and alterations, as herein described. The applicant agrees to comply with all applicable codes, laws, and regulations. The undersigned hereby certifies that all of the information contained in this application is correct and true.**

Name of owner (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

E-mail address: \_\_\_\_\_

Would you like to receive the Certificate of Occupancy/Compliance by  
E-MAIL or REGULAR MAIL? Circle one

**IF OWNER OF PROPERTY IS A CORPORATION, FILL IN LOWER SECTION**

STATE OF NEW YORK  
COUNTY OF ERIE ss:

\_\_\_\_\_ being duly sworn deposes and says that he is the applicant  
(Name of individual signing application)  
above named. He is the \_\_\_\_\_ of said owner or owners, and  
(Corporate Officer, etc.)

and is duly authorized to perform or have performed the said work and to make and file this application: that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

\_\_\_\_\_  
(Signature of Applicant)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

Notary Seal