



# TOWN /VILLAGE OF WELLSVILLE



Code Enforcement Department  
156 North Main Street  
Wellsville, New York 14895  
(585) 593-1780 ext 202 FAX (585) 593-0046

## Application for a building or zoning permit for projects other than new one and two family dwellings or commercial buildings. *(this is not a building permit)*

**BUILDING PERMIT**       **ZONING PERMIT**

Owner's Name \_\_\_\_\_ Signature \_\_\_\_\_

Property Address \_\_\_\_\_

Telephone \_\_\_\_\_ Tax Map # \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Contractor's Address \_\_\_\_\_

Contractors must have Workers Compensation and Disability insurance and provide the Code Official with a C 105.2, ST12, U 26.3, or SI-112. If the contractor is not required to have Workers Compensation and Disability insurance, then the Code Official must be presented with a WC/DB 100 or WC/DB 101.

Construction work is being performed by -  Owner (no other help is being hired) or  Contractor

If work is being performed by the owner, then an affidavit stating such must be filed with the Code Official

If work is being performed by a contractor, list the WC form that is being provided

Type of work       Addition     Remodeling     New Construction     Other \_\_\_\_\_

Please give in detail the work you wish to do and cost of project. \_\_\_\_\_

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*Submit the completed application with the above requested information to the  
Town Clerk or the Code Enforcement Department*