



Town of Westfield

23 Elm St Westfield, NY 14787

Ph: 716-326-4401

Fax: 716-326-3770

codeenforcement@townofwestfield.org

APPLICATION FOR A BUILDING PERMIT

Please submit one of the following along with your application;

Copy of Survey -OR- Site Plan Documentation

Project Location and Information

Number and Street Address: _____
 Tax Map Number: SEC _____ BLK _____ LOT _____
 Current use of the property/Building: _____

Owner Identification

Owners Name: _____
 Address of owner: _____
 City, State, Zip: _____
 Phone Number: _____

Proposed Work

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Dry Rot Repair
<input type="checkbox"/> Demolition	<input type="checkbox"/> Move Building	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Sign
<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Chimney Repair	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Fire Repair
<input type="checkbox"/> Repair/Retrofit	<input type="checkbox"/> Fence	<input type="checkbox"/> Shed	<input type="checkbox"/> Other _____

Description of Building Project

<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex	<input type="checkbox"/> Apartment House
<input type="checkbox"/> Condominium	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Service Station
<input type="checkbox"/> Professional Office	<input type="checkbox"/> Industrial	<input type="checkbox"/> Local
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Accessory Bldg.	<input type="checkbox"/> Mobile/Factory manuf. Home
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Detached garage	<input type="checkbox"/> Deck or porch
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Other _____	

Building Area (sqft.): _____ Building Height(ft.): _____ # of Stories _____

Estimated Cost of Construction: \$ _____ . Date of Construction: _____

X _____
 APPLICANT SIGNATURE DATE

-----office use only-----

Special approval needed by: Zoning Board _____

Required: Area Variance Special Use Permit ZBA Date _____

Fees: Building Permit Total _____ Paid: _____ Pd

Building Permit Application (Cont'd)

General Contractors Information

Name _____
Address: _____
City, State, ZIP _____
Phone: _____ Cell _____
Insurance Certificate Information _____ on file _____ will submit
*Proof of NYS Workers Comp and Liability Insurance must be submitted before Permit will be issued
Ins. on File: Liab ___ Comp ___ DBL ___ Waiver

Designer Information

Name _____
Address: _____
City, State, ZIP _____
Phone: _____ Cell _____

Zoning District

- R-A Residential - Agricultural -- R-12 Residential
-- R-L Residential Lakeside -- C - Commercial
-- L-I Light Industrial -- M - Manufacturing

Local, State & Federal Compliance (Where Applicable)

- Flood Zone State/Federal Wetland DEC Coastal Erosion Zone
NY State AG District Historical Curb Cut Required
New electric Service Served by Municipal Sewer Served by Municipal Water

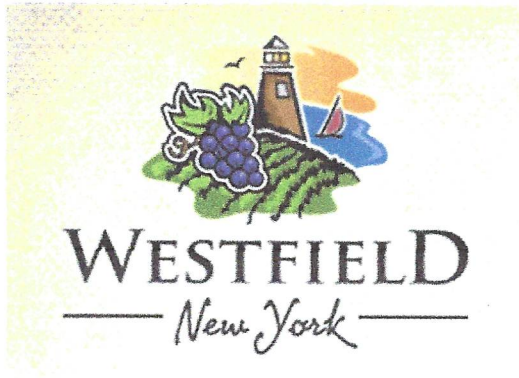
Property Information

Lot Size(sqft) _____ Lot Dim.(FRONT/SIDE/REAR) ____/____/____
Setbacks: FRONT _____ REAR _____ LEFT _____ RIGHT _____

Office Use Only

Type of Construction: _____ Occupancy Classification: _____
Existing Use: _____ Proposed Use: _____

X _____
ISSUING OFFICER DATE



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**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD
CONSTRUCTION AND/OR TIMBER CONSTRUCTION**

OWNER: _____

SUBJECT PROPERTY: _____

Please take notice that the (check applicable line):

- New residential structure
- Addition to existing residential structure
- Rehabilitation to existing residential structure

to be constructed or performed at the subject property reference above will utilize (check each applicable line):

- Truss type construction (TT)
- Pre-engineered wood construction (PW)
- Timber construction (TC)

In the following location(s), check applicable line):

- floor framing, including girders and beams (F)
- roof framing (R)
- floor framing and roof framing (FR).

DATE: _____

SIGNATURE: _____

NAME (please print): _____

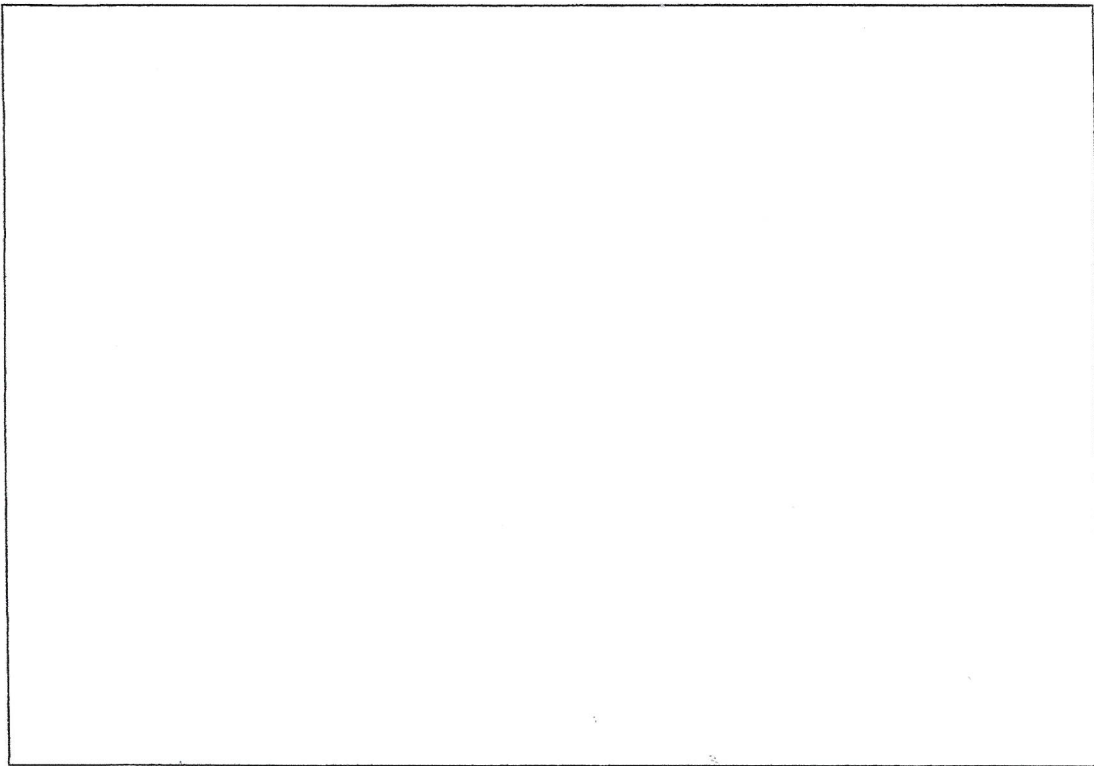
CAPACITY (Owner or Owner's Representative): _____

Plot Plan

1. This page shall be use for the drawing of a plot plan for all major construction and additions and in such other cases as the Building and Zoning Officer deems necessary.
2. The Plot Plan shall show the location and size of the lot, buildings, and structures upon the premises (both existing and proposed) and their relationship to adjoining premises and public streets.
3. Locate and label clearly and distinctively all buildings and structures; show widths and depths of all yards, show names of all streets and indicate North with an arrow.
4. Distance from building to street line: _____ feet. Rear Lot line _____ ft,
Each side lot line; Left side _____ ft. Right side _____ ft
Distance to nearest building at rear _____ ft, Left side _____ ft, Right side _____ ft

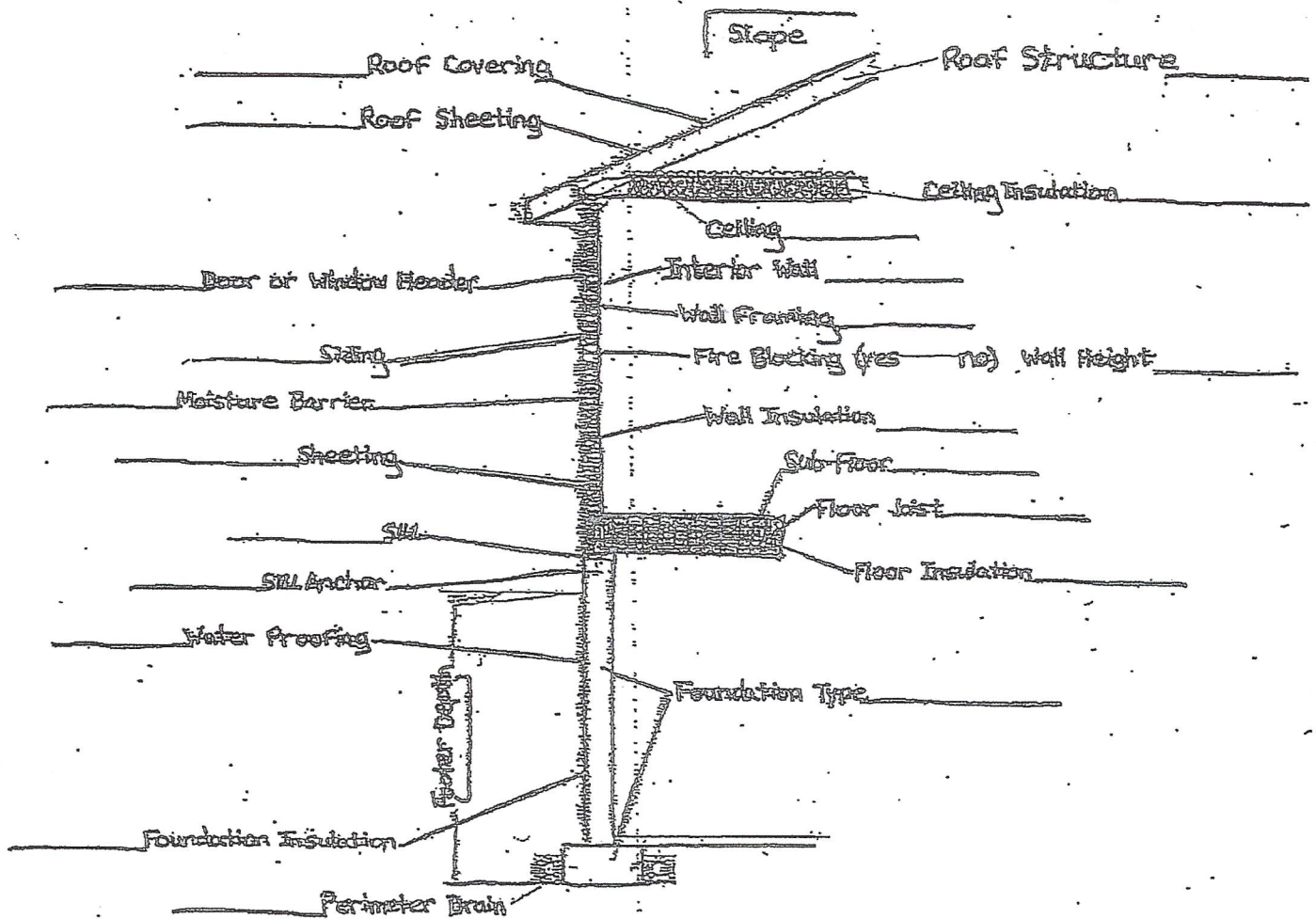
SHOW DISTANCE FROM BUILDING TO SIDE,FRONT AND REAR LOT LINES

Rear of Lot _____ ft



Frontage of Lot _____ ft

Street Name _____



Typical Wall Section

Please fill in all information.

AFFIDAVIT THAT WORKER'S COMPENSATION
AND DISABILITY BENEFITS ARE NOT REQUIRED

STATE OF NEW YORK
COUNTY OF CHAUTAUQUA

_____, Being duly sworn, deposes and says:
(APPLICANT'S NAME)

An application has been submitted for work At _____
(SITE LOCATION)

PLEASE CHECK ONE OF THE FOLLOWING AND COMPLETE

1. I *HAVE* engaged _____ with offices at
(CONTRACTOR)

(BUSINESS ADDRESS) (PHONE)

To construct _____
(TYPE OF WORK)

Contractor Does have Employees residing in New York.*

Contractor Does not have any Employees residing in New York.

*Above contractor must Carry Current NYS Workers Comp & DBL Ins. or Submit Waiver(Form CE-200)

Contractor Signature _____ Date _____

-OR-

2. I *HAVE NOT* engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work related to the requested Building Permit.

I will be doing the work personally without employing any employees.

The work will be performed by _____
I have a Homeowner's policy that is currently in effect and covers the
the property AND will supply the appropriate Worker's Compensation
and Disability for hired employees for the site specified on the
Building Permit application.

I make this affidavit knowing that it will be relied upon the Building Inspector in insuring compliance with section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

Owner/Representative Signature _____ DATE _____



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INFORMATION REQUIRED ON CONSTRUCTION DOCUMENTS

To receive a building permit, the following is required to be contained within construction documents.

ENERGY CODE COMPLIANCE PATH:

One of the following energy code compliance paths indicated clearly on the plans

2020 ECCCNYS

Prescriptive

Prescriptive with envelope tradeoffs - Supply REScheck or other approved Uoverall calculations

Simulated Performance Alternative – Supply IECC Energy Cost Report

Energy Rating Index Alternative – Supply Preliminary ERI Report and Energy Code Checklist

BUILDING THERMAL ENVELOPE:

Continuous building thermal envelope depiction

Typical cross-section for each unique assembly type including callouts for:

Insulation R-values, materials, and installed thickness

Fenestration U-factors and solar heat gain coefficients (SHGCs)

Primary air barrier method, materials, and location

Construction details for the following, if included in the scope of the project

Slab on grade with insulation extending downward from the top of the slab

Insulated corners: Framing allows space for insulation

Insulated headers: Insulation installed in headers as space allows

Fireplaces on exterior walls: Air barrier between insulation and fireplace insert

Dropped ceiling/ soffit: Air barrier aligned with insulation

Porch roofs: Exterior wall sheathing extends behind intersection with porch roof

Skylights shafts: Shaft walls are insulated and include attic-side air barriers

Showers/tubs on exterior walls: Air barrier located between wall insulation and shower/tub

Knee walls: Air barrier on attic side of knee wall, top plate installed, blocking between floor joists under knee wall

- Blocking between joists above walls separating garages from conditioned space
- Cantilevered floors: Insulated with solid air barriers underneath insulation and blocking between joists
- Attic access hatches: Weather stripped and insulated to the same R-value as the surrounding surface
- Notes indicate that insulation is to be installed per manufacture's installation instructions or RESNET Grade 1.

HEATING AND COOLING SYSTEMS:

Thermostats

- Thermostat type and location

Ducts and Air Handler

- Duct and air handler locations
- Notes or drawings specify insulation R-values for ducts in unconditioned spaces
- Note indicating that HVAC contractor will seal ducts to 4.0 cfm/100ft² conditioned floor area with UL 181 Products appropriate for the duct material type. (Testing not required if all ducts are located completely within conditioned space.)
- Furnace and air conditioner or heat pump specifications

HVAC Design Worksheet

- Completed Heating and Cooling Equipment Worksheet (page 1)
- Completed Whole-house Mechanical Ventilation Worksheet (page 2)

HVAC Piping

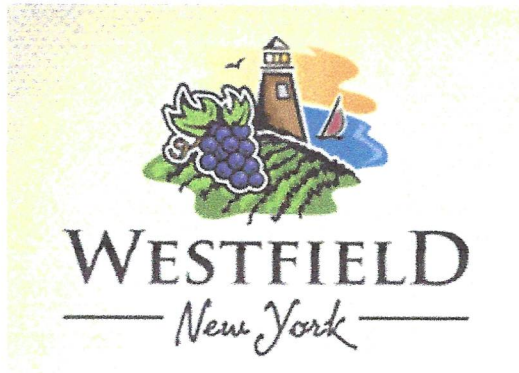
- Notes or drawings indicate HVAC pipe insulation R-values (e.g. hydronic systems, refrigerant lines)
- Notes or drawings indicate HVAC pipe insulation protection for pipes/insulation located outdoors (e.g. refrigerant lines)

SERVICE HOT WATER PIPING

- Hot water pipe insulation R-value for pipes meeting any one of the following conditions
 - $\geq \frac{3}{4}$ " nominal diameter
 - Located outside conditioned space
 - Between the water heater and a manifold
 - Underground or in a slab
 - Serving more than one dwelling unit
 - Supply and return piping in recirculating hot water systems other than demand recirculating systems

LIGHTING

- Lighting schedule or notes indicating percentage of high-efficacy lighting



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RESIDENTIAL HVAC DESIGN FORM WHOLE-HOUSE MECHANICAL VENTILATION DESIGN WORKSHEET

Number & Street Address: _____ Permit # _____
 Owners Name: _____ Phone # _____

1. Fill in the conditioned floor area and number of bedrooms for the dwelling:

Conditioned Floor Area = _____ ft. 2 Number of bedrooms = _____

2. Circle the required airflow value on the table below:

RCNYS Table M1505.4.3 (1)

Continuous Whole-house Mechanical Ventilation System Airflow Rate Requirements

Dwelling Unit Floor Area (square feet)	Number of Bedrooms				
	0-1	2-3	4-5	6-7	>7
<1,500	30	45	60	75	90
1,501- 3,000	45	60	75	90	105
3,001- 4,500	60	75	90	105	120
4,501- 6,000	75	90	105	120	135
6,001- 7,500	90	105	120	135	150
>7,500	105	120	135	150	165

3. Does the fan operate continuously or intermittently?

Continuous Intermittent

4. If the fan is to be operated intermittently on a pre-set schedule, multiply the airflow Value from Table M1505.4.3 (above) by the appropriate value in Table M1505.4.3 (2) (below).

RCNYS Table M1505.4.3 (2)

Intermittent Whole-House Mechanical Ventilation Rate Factors

Run-time Percentage in each 4-hour Segment	25%	33%	50%	66%	75%
Factor	4.0	3.0	2.0	1.5	1.3

5. Enter the required airflow = _____ CFM

6. R403.6.1 Fan efficacy. Enter the following information regarding the specified fan:

Rated fan airflow = _____ CFM Fan make: _____

HVI-rated fan efficacy = _____ CFM/Watt



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RESIDENTIAL HVAC EQUIPMENT DESIGN WORKSHEET HEATING AND COOLING EQUIPMENT

Number & Street Address: _____ Permit # _____
Owners Name: _____ Phone # _____

Requirements:

- R403.1.1 All thermostats are programmable
- R403.3.1 Ducts in unconditioned spaces are insulated
 - ≥3" diameter insulated to ≥R-8 in attics and ≥R-6 elsewhere
 - < 3" diameter insulated to ≥R-6 in attics and ≥R-4.2 elsewhere
- R403.3.2.1 Air handler has manufacturer's designation of ≤2% air leakage when tested per ASHRAE 193
- R403.3.3 Completed Duct and Envelope Testing Form will be submitted to inspector
- R403.4 HVAC pipe insulation is R-3 minimum (e.g. hydronic systems, refrigerant lines)
And outdoor insulation is protected
- R403.7 Manual J report, including heating and cooling design loads, is attached
- R403.7 Heating and cooling equipment have been selected in accordance with Manual S,
Based on loads calculated in accordance with Manual J (see below)

Complete the following based on the attached Manual J report:

Design loads:

Design cooling load: _____ (Btu/h)

Design heating load: _____ (Btu/h)

Equipment specifications:

Cooling system output capacity _____ (Btu/h)

Cooling equipment make: _____

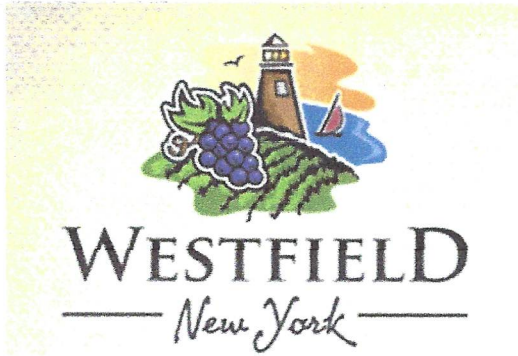
Cooling equipment model: _____

Heating system output capacity: _____ (Btu/h)

Heating equipment make: _____

Heating equipment model: _____

- Manual S. Specified cooling equipment capacity is ≤1.15 times the design load or the next Larger nominal size, whichever is greater. (Exception: heat pumps may exceed the design Load by 1.25 times or the next nominal size.)
- Manual S. Specified heating equipment capacity is ≤1.40 times the design load or the next Larger nominal size whichever is greater
- RCNYS R303.4 Whole house mechanical ventilation worksheet has been completed.



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RESIDENTIAL DUCT & Envelope testing (DET) FORM

Number & Street Address: _____ Permit # _____

Owners Name: _____ Phone # _____

I. Building Envelope Air Leakage (mandatory): _____ Date: _____
Blower door test (mandatory)

Test Result:
Fan Flow at 50 Pascals = _____ CFM50 Total Conditioned Volume = _____ ft (3)

ACH50 = $CFM50 \times 60 / \text{Volume}$ _____ ACH50*

Testing Company: _____ Phone: _____

Tester Name (print): _____ Signature: _____

BPI or HERS certification #: BPI# _____ HERS Rater #: _____ HERS RFI #: _____

*For Simulated Performance Alternative and Energy Rating Index Paths, value must match IECC Energy Cost Report or Final ERI Report

II. Heating and Cooling System Duct Leakage

___ I certify that all portions of the ducts are located entirely within the building thermal envelope. Testing is not required.

Owner or approved third party signature: _____ Date: _____

Total duct leakage test:

Energy code compliance path: ___ Prescriptive (including REScheck) ___ Performance or Energy Rating Index

Type of test performed: ___ Rough-in with air handler ___ Rough-in without air handler ___ Post construction

Test Result System 1:

Fan Flow at 25 Pascals (CFM25) _____ CFM Conditioned Floor Area (CFA) served by system = _____ ft (2)

$CFM25 / CFA \times 100 =$ _____ $CFM / 100 \text{ ft} (2)$

Test Result System 2 (if present):

Fan Flow at 25 Pascals (CFM25) _____ CFM Conditioned Floor Area (CFA) served by system = _____ ft (2)

CFM25 / CFA x 100 = _____ CFM / 100 ft (2)

Testing company: _____ Phone: _____

Tester Name (print): _____ Signature: _____ Date: _____

BPI or HERS certification #: BPI #: _____ HERS Rater#: _____ HERS RFI #: _____

Town Of Westfield 23 Elm St Westfield, NY 14757

716-326-4410

All contractors are required to provide the following PRIOR to the issuance of any permits subject to Code Enforcement or Building Inspection in the Town of Westfield:

- Certificate of Liability Insurance
- Workman's Compensation (Form 105.2)
- WC Disability (Form DB120.1)
- Completed Permit Application
- Drawings of the planned work
(Stamped if over \$20,000 or 1,500 sq. ft.)
- Statement of any restrictions by deed
- Estimated cost of improvements
- Such other information as the Town Board, the Board of Appeals or the Code Enforcement Officer may require.

* In lieu of WC forms: CE200 for EACH worker on the jobsite. All workers must be named as part of a partnership, LLC or sole proprietor.

**NO PERMITS WILL BE ISSUED WITHOUT THE COMPLETION OF
THE ABOVE REQUIREMENTS**

Town Of Westfield
Qualified Inspectors

Electrical Work

Mike Gleason / Gleason Enterprises

716-338-7108

Chris Dean / Electrical Inspections of WNY

716-224-0700

Blower Door Testing

Rod Lind / Efficient Home Energy Concepts

716-450-1719

Al Simmons / Superior Energy Innovations

716-483-0100