

TOWN OF BUSTI  
CHAUTAUQUA COUNTY, NEW YORK  
121 CHAUTAUQUA AVENUE  
LAKEWOOD, NEW YORK 14750  
(716) 763-8561 FAX (716) 763-2953

APPLICATION FOR BUILDING AND ZONING PERMIT

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

Fee Paid \_\_\_\_\_  
Permit # \_\_\_\_\_  
Date \_\_\_\_\_  
Signed \_\_\_\_\_

Application Date \_\_\_\_\_

Zoning: Variance Required? \_\_\_\_\_  
Zoning Board Approval/Disapproval \_\_\_\_\_  
Planning Board Approval/Disapproval \_\_\_\_\_  
Municipal Board Approval/Disapproval \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

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

Inspections Required for Certificate of Occupancy (signed by inspector)

Site Plan Review \_\_\_\_\_ Date \_\_\_\_\_  
Foundation \_\_\_\_\_ Date \_\_\_\_\_  
Framing \_\_\_\_\_ Date \_\_\_\_\_  
Plumbing \_\_\_\_\_ Date \_\_\_\_\_  
Electrical \_\_\_\_\_ Date \_\_\_\_\_  
Well/Septic \_\_\_\_\_ Date \_\_\_\_\_  
Final \_\_\_\_\_ Date \_\_\_\_\_

Health Department Review Required? \_\_\_\_\_  
Date Completed \_\_\_\_\_

Certificate of Occupancy # \_\_\_\_\_ Certificate of Compliance # \_\_\_\_\_  
Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Permit No. \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date Issued \_\_\_\_\_  
Permit for \_\_\_\_\_