

**Town of Newstead**

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**Flood Plain Development Application**



**SBL#**

for office use only

**PERMIT NUMBER**

- Plans (2 sets)
- Survey
- General Liability
- Worker's Comp
- Disability
- OR**
- Homeowner Affidavit

**NAME OF OWNER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

\*Please check all boxes that apply to your project

- Res  Comm  Mixed Use  Manufactured Home
- New Structure  Alteration  Addition  Relocation  Demolition  Replacement  Fill
- Accessory Structures Res  Comm
- Other: \_\_\_\_\_

**COST OF PROJECT:**

\$

**Project Property Address:** \_\_\_\_\_

If this is a residential structure, is it pre-1978 construction?  Yes  No

If so, is lead present?  Yes  No

Description of Proposal: \_\_\_\_\_ Dimensions of Project: \_\_\_\_\_ x \_\_\_\_\_

Area: \_\_\_\_\_ square feet

Parcel width: \_\_\_\_\_ Parcel depth: \_\_\_\_\_ Is parcel in a flood plain?  Yes  No or Wetland  Yes  No

Property Zoning District: \_\_\_\_\_ Property Class: \_\_\_\_\_ Occupancy Class: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Principal Building.....\$100  
Accessory Building/Structures.....\$ 50

**PERMIT FEE:**

\$

**Approval:**

**Floodplain Administrator/Building Inspector:**

- Approved  Disapproved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
David Miller

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit \_\_\_\_\_  
(Check payable to "Town of Newstead")

**Permit Issued on:** \_\_\_\_\_  
(Work must commence within 6 months)

Permit Expires in 12 months: \_\_\_\_\_

**Permit Renewal** approved by Code Enforcement Officer  
(Renewal Subject to NYS Code Changes)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
David Miller

Permit Renewal Expires in 6 months: \_\_\_\_\_

**TOWN CLERK STAMP CASH OR CREDIT**

**COMPLETE APPLICATION ON REVERSE SIDE**

**SECTION 1: GENERAL PROVISIONS (Applicant to read + sign)**

1. No work may start until a permit is issued.
2. The permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within 6 months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
8. I CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

**Certification of Statements:**

**NOTE: Commencement of construction shall not begin until this application is approved and signed by the Building Inspector**

As the applicant(s) I also, hereby affirm that the above information is accurate and complete to the best of their knowledge and he/she /they is/are the title owner(s) of the property or has/ have been authorized by the title owner(s) to make this application.

I/We hereby certify that I/we are title owner(s) of the property identified in the above application that the applicant(s) named is/are authorized to make the application described herein.

\_\_\_\_\_  
**Applicant Signature**

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

\_\_\_\_\_  
**Applicant Name Printed/Typed**

\_\_\_\_\_  
**Owner Signature**

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

\_\_\_\_\_  
**Owner Name Printed/Typed**

**SECTION 2: PROPOSED DEVELOPMENT (Applicant to complete)**

Name

Mailing Address

Zip Code

Phone

Applicant:

Builder:

Engineer:

Project Location (street address or legal description and distance to nearest intersecting road or landmark):

**SECTION 3: FLOODPLAIN DETERMINATION (To be completed by Local Administrator)**

The proposed development is located on FIRM Panel No. \_\_\_\_\_, Dated \_\_\_\_\_.

The proposed development:

\_\_\_ is NOT located in a Special Flood Hazard Area. NO FLOODPLAIN DEVELOPMENT PERMIT IS REQUIRED.

\_\_\_ Is located in a Special Flood Hazard Area. FIRM zone designation is \_\_\_\_\_.

100-year flood elevation at site is \_\_\_\_\_ ft. NGVD (MSL) or is \_\_\_\_\_ unavailable.

\_\_\_ The proposed development is located in a floodway. FBFM Panel No. \_\_\_\_\_ Dated \_\_\_\_\_.

\_\_\_ See Section 4 for additional instructions.

\_\_\_\_\_  
Local Administrator

\_\_\_\_\_  
Date

**SECTION 4: ADDITIONAL INFORMATION REQUIRED (To be completed by Local Administrator)**

Applicant must submit the documents checked below before the application can be processed:

\_\_\_ Site plan showing location of all existing structures, water bodies, adjacent roads, lot dimensions and proposed development.

\_\_\_ Plans and specs drawn to scale, including details for anchoring structures, proposed elevation of lowest floor (including basement), types of water resistant materials used below first floor, details of floodproofing of utilities located below first floor and details of enclosures below first floor. Also, \_\_\_\_\_.

\_\_\_ Subdivision or other developments. If project exceeds 50 lots or 5 acres, whichever is less, applicant must provide 100-year flood elevations if they are not otherwise available.

\_\_\_ Plans showing extent of watercourse relocation and/or landform alterations.

\_\_\_ Top of new fill elevation: \_\_\_\_\_ ft. NGVD (MSL).

\_\_\_ Floodproofing protection level (non-residential only): \_\_\_\_\_ ft. NGVD (MSL). For floodproofed structures, applicant must attach certification for registered engineer or architect.

\_\_\_ Certification from registered engineer that proposed activity in a regulatory floodway will not result in any increase in the height of the 100-year flood. A copy of all data and calculations supporting this finding must be submitted.

\_\_\_ Other: \_\_\_\_\_

**SECTION 5: PERMIT DETERMINATION (To be completed by Local Administrator)**

I have determined that the proposed activity A. \_\_\_ is B. \_\_\_ is not in conformance with provisions of Local Law #2-1992 (Chapter 202). Permit is issued subject to the conditions attached to and made part of this permit.

\_\_\_\_\_  
Local Administrator

\_\_\_\_\_  
Date

If Box A is checked, Local Administrator may issue a permit upon payment of fee.

If Box B is checked, Local Administrator will provide written summary of deficiencies. Applicant may revise and re-submit an application to Local Administrator or may request a hearing from the Zoning Board of Appeals.

Appealed to Zoning Board of Appeals? \_\_\_yes \_\_\_no. Date of hearing: \_\_\_\_\_ Z BA decision: \_\_\_yes \_\_\_no

Conditions: \_\_\_\_\_

**SECTION 6: CERTIFICATE OF COMPLIANCE (To be completed to Local Administrator)**

Certificate of Compliance # issued: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

Local Administrator