

FOR PLANNING BOARD USE ONLY

Application herein applied for with the following stipulations: _____

Signed _____
Planning Board Chairman
Date: _____

APPLICANT: _____
ADDRESS: _____
DEPEW, NEW YORK 14043
APPLICATION NO. _____
PERMIT NO. _____
DATE RECEIVED: _____
DATE APPROVED: _____

FOR ZONING BOARD USE ONLY

This application is approved by the Zoning Board of Appeals with the following stipulations.

Signed _____
Zoning Board Chairman
Date: _____

FEES:
PERMIT: _____
CERT. OF OCCP: _____
SEWER INSP: _____
VARIANCE: _____
ZONING: _____
TOTAL FEES RECEIVED: _____

I HAVE REVIEWED THIS APPLICATION AND RECOMMEND ITS APPROVAL.

BUILDING INSPECTOR DATE

RECOMMENDATION BY THE BUILDING INSPECTOR

\$ _____
\$ _____
\$ _____

INSURANCE CERTIFICATES RECEIVED:

- WORKERS COMPENSATION
- LIABILITY
- AFFIDAVIT OF EXEMPTION