

Village Of Williamsville

Building Department
5565 Main Street
Williamsville NY, 14221



Phone: 716-632-7747
Fax: 716-626-4964
www.walkablewillamsville.com

Driveway Permit Application

"CALL 811 BEFORE YOU DIG"

Project Address: _____ **SBL:** _____

Applicant/Contractor:

Name:	Phone:
Address:	E-mail:

Property Owner:

Name:	Phone:
Address:	E-mail:

Requirements prior to issuance of permit:

1. Survey of Property Indicating Location of Proposed Driveway or changes to Existing Driveway: ☐ Supplied
2. Proof of Valid Insurance (Liability, Disability, and Workers Comp or NYS Exemption): ☐ Supplied

Description of work:

Date work will begin: _____

Applicant hereby affirms that all work shall be performed once the permit has been approved and in accordance with applicable codes, regulations, and manufacturer's installation instructions and authorizes the Code Enforcement Officer and his deputy or assistants to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Applicant Signature: _____ **Date:** _____

For Official Use Only

Received By: _____	Date Received: _____
Zoning: _____	Permit #: _____
Approved: _____ Denied: _____ Date: _____	Total Fees: _____ Date Paid: _____