

**APPLICATION FOR DEMOLITION PERMIT**

Date:

Town/Village of:

Location:

Tax Map#

Present Use:

Owner:

Address and Phone Number:

Demolition By:

Starting Date:

Completion Date:

Means of Disposal:

Gas and Electric Terminated?

By Whom?

Date:

Water and Sewer Lines Terminated or Capped?

By Whom?

Date:

Asbestos Survey Done?

By Whom?

Date:

Does Demolition Require Pre-Approval from any Insurance Co. FD or Any Investigating Agency?

Name of Insurance Company?

Copy of proof of ownership and release from any required agency must be submitted.

IF ANY TOXIC SUBSTANCES ARE PRESENT, DISPOSAL OF THESE SUBSTANCES SHALL BE IN ACCORDANCE WITH ALL FEDERAL AND STATE GUIDELINES. OTHER PERMITS INCLUDING BUT NOT LIMITED TO DEC OR NYS DEPT. OF LABOR PERMITS MAY BE REQUIRED.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date