

APPLICATION FOR DEMOLITION

This section to be completed by Code Enforcement Office

FEE \$ _____ Date Received _____ Permit No. _____
Receipt No. _____ Value \$ _____ Expires _____

Conditions _____

Inspections Required _____ Approved Date _____
 Final

Signature of Code Enforcement Office

This application must be completely filled in by typewriter or in ink (Please Print)

Town/Village of _____ TaxMap/Parcel Number _____

Job Site Location (911/address) _____

Name of the owner of premises _____

911/Address _____

Mailing Address _____

Phone# () _____

Description of work to be done _____

Who will be performing the work? (Please check one)
Self _____ Contractor _____ Other (specify) _____

Name of Contractor _____

Address: _____

Phone # () _____

Name & Address if Contractor's Compensation Insurance Carrier. (Include copy of Insurance) _____

Is Asbestos present in this structure? Yes _____ No _____

NOTE: NYS Department of Labor should be contacted prior to Demolition of structure. 1-315-479-3215.

How is debris to be disposed of _____

Has NYS Department of Environmental Conservation been contacted (Please Circle One) Yes No
1-800-388-8223

Contact person at Department of Environmental Conservation _____

PLEASE MAKE SURE AUTHORIZED PERSONS SIGNATURE IS ON THIS APPLICATION

APPLICATION IS HERE BY MADE to the Chenango County Department of Code Enforcement for the Issuance of a Building (DEMO) permit pursuant to the New York State Uniform Fire and Building Code. For the proposed work as herein described. The owner agrees that any officer or employee of Chenango County Department of Code Enforcement, upon the display of proper credentials and in the discharge of their duties, shall be permitted to enter upon any building, structure or premises for which this building permit application has been filed, or a building permit or stop work order has been issued, without interference and upon reasonable notice and during reasonable hours.

_____, **Date** _____
(Signature of Property Owner)

Complete this section if applicant is not owner

_____, **(Name of individual signing application)**
States that he/she is the applicant above named and is duly authorized to represent the said owner and is going to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

_____, **Date** _____
(Signature of Applicant)

CERTIFICATE OF COMPLIANCE WITH LOCAL REGULATIONS

THIS IS TO CERTIFY that the proposed construction described in this Chenango County Building Permit Application complies with all locally enforced land use regulations including but not limited to: Zoning Ordinances, Sanitary Regulations, Subdivision Regulations and Flood Hazard Regulations.

(Signature of Town Supervisor/Village Mayor or His Authorized Representative)

Date _____