



1445 County Route # 6, Fulton, NY 13069
Department of Code Enforcement

Phone (315) 598-3803
Fax (315) 598-8983

APPLICATION FOR DEMOLITION PERMIT

(This upper section for office use only)

DATE SUBMITTED: _____ PERMIT # _____

TAX MAP # _____

DATE APPROVED: _____ APPROVED BY: _____

DATE DENIED: _____ REASON: _____

FEE: \$ _____ ZONING DIST: _____

Non-Building Permit FEE: \$ _____

Application is hereby made to the Code Enforcement Officer for the issuance of a building permit pursuant to all applicable codes, ordinances, and laws regulating the government erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion and change in the nature of the occupancy of any building or structure within the boundaries of the Town of Volney, at the below listed location.

ADDRESS OF PROPERTY: _____

PROPERTY OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

DATE OF DEMOLITION: _____

STRUCTURE(S) TO BE DEMOLISHED: _____

NOTE: I have been informed that it is to my best interest as well as others that I have an asbestos survey conducted to the structure that is to be demolished. An asbestos survey is a State requirement through the NYS Department of Labor but is not required to receive a demolition permit from the Code Enforcement Officer.

The below signed applicant has read the instructions and notes for application for the demolition permit and the instructions contained therein, and to the best of his/her knowledge the information given and accompanying this application for a permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations, that all statements contained on this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in plans and specification filed therewith.

PRINT NAME & DATE

SIGNATURE OF APPLICANT



CONTRACTOR INFORMATION FORM

(MUST BE FILLED OUT)

TYPE OF CONTRACTOR: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE #: _____

CONTACT PERSON: _____

WORKERS COMPENSATION CERTIFICATE #: **MUST FAX OR BRING IN WITH APPLICATION**

LIABILITY POLICY #: **MUST FAX OR BRING IN WITH APPLICATION**

POLICY EXPIRATION DATE: _____

SPONSORS WORKERS COMPENSATION CERTIFICATE #: **MUST FAX OR BRING IN WITH APPLICATION**

SPONSORS LIABILITY POLICY #: **MUST FAX OR BRING IN WITH APPLICATION**

SPONSORS POLICY EXPIRATION DATE: _____

ALL SHEETS TO PACKET MUST BE "COMPLETED IN FULL" BEFORE PERMIT CAN BE ISSUED.

FAILURE TO DO SO MAY CAUSE A DELAY IN THE ISSUANCE OF THE PERMIT.



New York State Department of Labor

NOTICE TO BUILDING PERMIT APPLICANTS

An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials. As per NYS Industrial Code Rule 56, asbestos material must be abated by licensed contractors utilizing certified asbestos handlers, with the exception of owner-occupied single family homes, where the owner may remove the asbestos. However, it is not recommended that the owner remove asbestos. The owner could potentially expose themselves, their family and neighbors to asbestos fibers if correct engineering controls and work methods are not utilized during the abatement.

For further information and updates, please see the NYS website at:
www.labor.ny.gov.

Syracuse

450 South Salina St.
2nd Floor – Room 202
Syracuse, NY 13202
Tel: (315) 479-3215