

\$100.00 Fee

TOWN OF WINDHAM

Box 96
HENSONVILLE, NY 12439
ph: (518) 734-4170
fax: (518) 734-6058

office use only:

date received: _____
application _____
fee paid: _____
approved by: _____
permit # _____
date: _____

DEMOLITION PERMIT APPLICATION

Application is hereby made to the Building Department for the issuance of a Demolition Permit pursuant to the New York State Uniform Fire Prevention & Building Code, effective January 1, 1984 for the removal or demolition herein described. The applicant further agrees to comply with all applicable laws, ordinance and regulation.

PROPERTY OWNER'S NAME: _____

ADDRESS: _____ PHONE: (____) _____

PROPERTY INFORMATION

TAX MAP NUMBER: _____ BUILDING SIZE: _____

STREET NAME: _____ HOUSE NUMBER: _____

If more than one building exists on the property, a plot plan should be attached to show which building will be demolished or removed.

MEANS OF DISPOSAL OF DEMOLITION DEBRIS

LIST ALL CONTRACTORS WHO WILL PERFORM WORK AT BUILDING SITE

(1) CONTRACTOR: _____ PHONE: (____) _____

ADDRESS: _____ TYPE OF WORK: _____

(2) CONTRACTOR: _____ PHONE: (____) _____

ADDRESS: _____ TYPE OF WORK: _____

NO WORK COVERED UNDER THIS DEMOLITION APPLICATION CAN BE STARTED BEFORE THE ISSUANCE OF THE DEMOLITION PERMIT.

The application is to be received at least two (2) weeks prior to starting work, during which time a permit will be issued or denied.

STATE OF NEW YORK,

COUNTY OF _____ SS.:

_____ being duly sworn deposes and says that he is the owner above named; that all statements contained in this application are true to the best of his knowledge and belief, and work will be performed in the manner set forth in the application.

SIGNATURE OF OWNER: _____

Sworn to before me this _____ day of _____ 20____.

Notary Public: _____

OFFICE COMMENTS: _____