TOWN OF HOPKINTON

APPLICATION FOR

DEMOLITION PERMIT

DATE _____

APPLICATION NO _____ FEE _____

PERMIT NO _____ RECEIVED PAYMENT _____

APPLICANT: PLEASE PRINT ALL INFORMATION REQUESTED

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

_____

PHONE NUMBER: _____

LOCATION OF PROPOSED DEMOLITION: _____

_____

TAX MAP I.D. NUMBER: _____

DESCRIBE BUILDING TO BE DEMOLISHED: _____

_____

_____.

NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____

PHONE NUMBER OF CONTRACTOR: _____

I or We certify that the facts and declarations of intent set forth above are true and are intended to be relied upon by the Town of Hopkinton.

APPLICANT SIGN HERE: _____

APPLICATION: GRANTED _____ DENIED _____

_____

PERMIT NUMBER _____ PERMIT FEE _____

TOWN OF HOPKINTON

APPLICATION FOR BUILDING AND ZONING PERMIT

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A BUILDING AND ZONING PERMIT FOR THE PURPOSES AT THE SITE DESCRIBED HEREIN, AND AGREES THAT SUCH PURPOSES SHALL BE UNDERTAKEN IN ACCORDANCE WITH ALL THE APPLIED LAWS, ORDINANCES AND REQUIREMENTS OF THE TOWN OF HOPKINTON, COUNTY OF ST. LAWRENCE AND THE STATE OF NEW YORK.

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE APPLICATION IS PROCESSED

TAX MAP OR PARCEL IDENIFICATION NUMBER

_____ PROPERTY OWNERS NAME _____

_____ _____ DATE FILED _____

APPLICANTS NAME (PRINT) (SIGNATURE)

_____ APA ___YES OR NO_____

CURRENT MAILING ADDRESS - (PO BOX # & 911#)

_____ TELEPHONE # _____

TOWN OR CITY

DESCRIPTION OF PURPOSES (CIRCLE ONE)

TO: USE, ERECT, REPAIR, ALTER, EXTEND, REMOVE, DEMOLISH, OCCUPY, MAINTAIN THE LEGAL NONCONFORMING USE STRUCTURE OR LAND LOCATED AT (Physical Location) _____

AT A COST OF _____ FOR THE FOLLOWING PURPOSE (S) OF _____

INSURANCE—WORKMAN'S COMP( ) _PROOF OF DISABILITY INS( )_HOMEOWNERS BP-1( ) WB/DB-100( )

GENERAL INFORMATION

_____

CIRCLE ONE:
STYLE OF HOME (RANCH, RAISED RANCH, LOG, 2 STORY, CAMP, MFG)

EXTERIOR WALL CONSTRUCTION _____

HEAT TYPE (NO CENTRAL, HOT AIR, HOT WATER, ELECTRIC) _____

FUEL TYPE (OIL, GAS, WOOD, ELECTRIC) _____

NUMBER OF BEDROOMS _____ NUMBER OF BATHROOMS _____

BASEMENT TYPE (FULL, PARTIAL, SLAB, CRAWL, _____

PERCENT OF FINISHED BASEMENT OR PLANNED (FULL, ¾, ½, ¼) _____

TOTAL SQUARE FOOT OF LIVING AREA _____

GENERAL DATA

DISTRICT CLASSIFICATION _____

IF MOBILE HOME—YEAR BUILT _____

NO. OF DWELLINGS _____

NO. OF EMPLOYEES _____

PARKING SPACES _____

TYPE OF CONSTRUCTION PRINCIPLE _____

HEIGHT OF NEW CONSTRUCTION _____ FT

WIDTH OF NEW CONSTRUCTION _____ FT.

DEPTH OF NEW CONSTRUCTION _____ FT.

NO. OF STORIES _____

SKETCH ON BACK OF THIS APPLICATION

PLEASE RETURN TO:

ALLEN W FUKES
CODE ENFORCEMENT OFFICER
7 CHURCH ST
HOPKINTON N.Y. 12965
(315) 328-4187

APPROVED

_____