

DEMOLITION -or- REMOVE & RELOCATE

PERMIT APPLICATION

APPLICATION FEE: \$50⁰⁰

TOWN OF CANADICE

You must include construction drawings in sufficient detail for the Code Enforcement Officer to determine if your plans would meet New York State Building Code minimum standards. **COMPLETE ALL SECTIONS.**

If approved for relocation, the permit **does not include additions or alterations** (which must be applied for separately.)

Property Owner

Mailing Address

Email

City

State

Zip

Phone

\$

DEMOLITION (or removal) PROJECT ADDRESS

Cost - Material & Labor

☐ Residence or ☐ Accessory structure: _____ sq ft

Description / type

Square Footage of Demolition

Projected start date

RELOCATION ADDRESS (*IF to be relocated elsewhere*) _____ & Tax Map Number _____ Projected end date _____

Insurance coverages **Permits will NOT be issued without the required certificate(s) submitted with application.**

☐ Attached or ☐ Current certificate previously submitted or ☐ Not required - EXPLAIN _____ property owner, or
Contractor's Liability Insurance Certificate _____ religious affiliation with similar coverage, or other _____

☐ Attached or ☐ Current certificate previously submitted or ☐ Exempt: CE-200 form is attached (available online only)
Workers' Compensation Insurance Certificate Obtain your Certificate of Exemption at <http://www.wcb.ny.gov>.

The CE-200 Certificate of WC Exemption must also be submitted by homeowners who are performing the construction themselves.

Certificates must name the **Town of Canadice** as the "Certificate Holder" and may be emailed to ceo@canadice.org directly from the insurance carrier.

Contractor

Email

Address

City

St

Zip

Phone

The undersigned represents and agrees as condition to the issuance of this permit that said structure shall be constructed in accordance with all laws, ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and Energy Code of the State of New York, and all other applicable laws, codes, and regulations.

PRINT name of owner or agent _____ **X** & SIGNATURE _____ / /20
Date

OFFICE USE ONLY

Town Clerk _____ \$ _____ / /20
Fee Paid Date

Tax Map Number _____ District _____ ☐ Not approved ☐ Approved Permit # _____

Code Enforcement Officer _____ / /20
Date

Submit this form with your application and fee to
(cash or check payable to the Town of Canadice)

Code Enforcement Officer, Town of Canadice
5949 County Road 37, Springwater, NY 14560

04/22/2025