



Town Of Camillus

Code Enforcement Office
4600 West Genesee Street
Syracuse, New York 13219

Apply Online Here:

Cloudpermit

<https://us.cloudpermit.com/login>

Gregg Humphrey
Code Enforcement Officer

Phone (315) 487-8930
Fax (315) 487-6976

APPLICATION FOR DEMOLITION PERMIT

The application process and demolition permit are subject to the conditions contained herein.

The Applicant is admonished to read the conditions on the back carefully.

All permits issued by the Code Enforcement Office are strictly subject to the Town Code of the Town of Camillus and all New York State Uniform Codes applicable on the date of the application.

NO ERROR OR OMISSION IN THE ISSUANCE OF A PERMIT SHALL LEGALIZE ANY CONSTRUCTION/DEMOLITION OR USE OR ACTION OTHERWISE PROHIBITED BY LAW.

RESIDENTIAL STRUCTURE [] OTHER [] ACCESSORY STRUCTURE []

Tax Map Number: _____ Date: _____

Owner's Information:

Last Name: _____ First Name: _____ Corp. Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Contractor Information:

Last Name: _____ First Name: _____ Corp. Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Address of Permit Activity:

Street Address: _____ City: _____ State: _____ Zip Code: _____

Reason for Demolition:

Cost of Demolition: \$ _____

Affidavit of Owner

State of New York}

County of Onondaga}

I, _____, being duly sworn, deposes and says that he/she is the owner of the property heretofore describe and set forth in this application and that all of the statements in this application are true to the best of my knowledge and belief, and; there is no asbestos in the above referenced building/structures to be demolished, and; if any asbestos is encountered, a certified asbestos removal company will be hired to properly remove and dispose of the asbestos in accordance with all applicable laws.

Signature of Owner: _____

Sworn to me this _____ day of _____, 20__

Signature of Notary Public: _____

Affidavit of Contractor

State of New York}
County of Onondaga}

I, _____, being duly sworn, deposes and says that he/she has an agreement with the owner of the property heretofore describe and set forth in this application to demolish the building/structures on the property, and; there is no asbestos in the above referenced building/structures to the best of my knowledge and belief, and; if any asbestos is encountered, a certified asbestos removal company will be hired to properly remove and dispose of the asbestos in accordance with all applicable laws.

Signature of Contractor: _____

Sworn to me this _____ day of _____, 20____

Signature of Notary Public:

This permit application must be accompanied by the following:

1. Current survey of the subject property identifying the building or structures to be removed;
2. Letter of water disconnect from OCWA;
3. Letter of electric and gas termination from National Grid;
4. Letter of rodent inspection from the Onondaga County Department of Health; and,
5. Certificate of Insurance to include Worker's Compensation, Disability and General Liability to include **Demolition Insurance** listing the Town of Camillus additionally insured and certificate holder.

This permit is issued subject to the following conditions:

1. Contractor shall call Codes Enforcement Officer PRIOR to the commencement of any demolition activity;
2. Demolition debris shall be removed from the site promptly and shall be disposed of at an *approved* site for the material in question.
3. Notification made to New York State, Variance Granted by New York State – regarding asbestos.
4. Appropriate mitigative measures shall be employed before, during and after the demolition to control the generation of fugitive dust, storm water run-off and erosion; and,
5. A suitable construction fence shall be erected and maintained around the perimeter of the premises before, during and after the demolition process to be removed ONLY upon approval of the Codes Enforcement Officer.

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Parallel Permits/Variances	Type:	Permit Number:	Inspector:

Date Submitted:	Zoning District:	Tax Map #:
Date Approved:	Date Denied:	Approved By:

Demolition – Final Inspection Date:	Codes Officer/Inspector Signature:
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