DEMOLITION PERMIT APPLICATION

VILLAGE OF BERGEN

11 North Lake Avenue, PO Box 100, Bergen, NY 14416
Phone: (585) 494-1513 Fax: (585) 494-1730

PLEASE COMPLETE ALL REQUIRED INFORMATION
(incomplete applications cannot be processed)

$50 – Residential (over 250 sq ft)
$100 - Commercial

DEMOLITION LOCATION:

Street Address: _____ Date: _____

Tax Map number: _____

Zoning district: TVR LDR GC NC VCC MU-LI GI
(VCC requires site plan approval)

Owner: _____ Phone: _____

Mailing Address: _____ Email: _____

_____

Contractor: _____ Phone: _____

Mailing Address: _____ Email: _____

_____

DEMOLITION DESCRIPTION: *(Please check all that apply to the project)*

Type of structure removed: ☐ Single/Two family ☐ Multi-family ☐ Accessory building

☐ Other _____

Square footage of gross floor or base area: _____ sq. ft.

Number of Stories: _____ Year built: _____

Method of removal: ☐ Manual ☐ Heavy Equipment ☐ Other _____

Asbestos survey required: ☐ Yes ☐ No

Purposed location for disposal of debris: ☐ Landfill – Location _____ Permit # _____

☐ Other _____

**PLEASE READ IMPORTANT INFORMATION BELOW **

- A demolition permit is required for any structure with a gross floor or base area of 250 sq. ft. or more
- No demoltion permit may be issued in a VCC district without a site plan review
- Pool demolitions do not require a demolition permit, they are exempt
- No demolition may be started before an asbestos survey is done, if required
- Any dumpsters or roll-offs used during demolition must be registered with the Village using the Temporary Storage Structure registration form
- Demolition permits are valid for 30 days
- Failure to undertake demoltion activity within 30 days will require issuance of a new demolition permit

All demolition permits must follow the Village of Bergen Zoning Law section §16-3 Demolition Permits.

Office Use Only

Signature: _____

Printed Name: _____

Code Enforcement Officer: 585-331-6162
Village of Bergen website: www.villageofbergen.com
Zoning Law available on Village website

CONTACT INFORMATION FOR ASBESTOS PROJECTS

The Department of Labor regulates most asbestos control activities in the State through its Asbestos Control Bureau; all contractors must be licensed and all asbestos handlers certified by the Department's Worker Protection Central Processing Unit. Projects must be conducted in accordance with safety standards promulgated by the Commissioner of Labor to avoid potential public health hazards that can result from the improper handling of asbestos or asbestos material, a potential carcinogen. A copy and update to Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Cited as 12 NYCRR Part 56), a Guidance Document with frequently asked questions and answers, and variance information may be obtained by going on-line to, www.labor.ny.gov

For more information, call or write the New York State Department of Labor, Division of Safety and Health at one of the following locations:

ASBESTOS CONTROL BUREAU
DISTRICT OFFICES

ALBANY
State Office Campus
Building 12, Room 15
Albany, NY 12240
Tel: (518) 457-2072

BUFFALO
65 Court Street
Room 405
Buffalo, NY 14202
Tel: (716) 847-7126

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

NEW YORK CITY
75 Varick St.
7th Floor
New York, NY 10013-1917
Tel: (212) 775-3538

TO SUBMIT: ASBESTOS PROJECT NOTIFICATION AND/OR EMERGENCY NOTIFICATION

Asbestos project notifications may be made on-line by going to: www.labor.ny.gov quick links, to Asbestos Notification, by licensed asbestos contractors. Emergency notifications must initially be called in for approval: (518) 485-9263. After the approval process, the contractor may proceed to pay and fill out the appropriate on-line notification. You may also mail in your paperwork to: NYS Department of Labor, Worker Protection Central Processing Unit, State Office Campus, Building 12, Room 290, Albany, NY 12240, Tel: (518) 485-9263.

Questions about obtaining and/or renewing an Asbestos license or any type of Asbestos Certification may also be obtained from the Worker Protection Central Processing Unit.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

***This form cannot be used to waive the workers' compensation rights or obligations of any party. ***

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE- 200 exemption form; OR

- have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

_____ _____

(Signature of Homeowner) (Date Signed)

_____ _____

(Homeowner's Name Printed) (Contact Phone Number)

Property Address that requires the Zoning/Building Permit

_____

_____

_____

Sworn to before me this _____ day of

_____, _____.

_____

(County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for both worker's compensation and disability benefits insurance coverage.