



City of Glens Falls
Department of Building & Codes

230 Dix Avenue – Second Floor
Glens Falls, New York 12801
(518)761-3848 | Fax (518) 633-1892
buildingcodes@cityofglensfalls.com

**Demolition Permit
Application**

Total Fee: _____

Date: _____

A Demolition Review is required **prior** to receiving any building permit that involves the total or partial demolition of a structure or building except those deemed to be unsafe or dangerous by the Building Inspector of the City of Glens Falls.

1. The reasons for the demolition and all alternatives to demolition that have been considered must be explained as part of this application.
2. If the property is to be redeveloped, approvals for the new development may be required prior to issuance of a demolition permit.
3. The applicant must verify whether or not the property is eligible for listing on the State Register of Historic Places and whether a determination of eligibility has been requested.

Note: A pre-application meeting is available upon request prior to submitting this application.

JOB SITE ADDRESS: _____

PERMIT APPLICANT: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PROPERTY OWNER: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ EMAIL: _____

GENERAL CONTRACTOR: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ EMAIL: _____

COMPENSATION INSURANCE CARRIER: _____

ADDRESS: _____ PHONE: _____

ARCHITECT OR ENGINEER OF RECORD: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ EMAIL: _____

➤ DETAILED SITE PLANS OR OTHER DOCUMENTS DETAILING THE PROJECT ARE ATTACHED *RECOMMENDED*) YES ☐ NO ☐

➤ TOTAL COST OF PROJECT: _____

INCLUDING LABOR & MATERIALS. THE CITY OF GLENS FALLS RESERVES THE RIGHT TO CONDITION CLOSURE OF A PERMIT, INCLUDING ISSUANCE OF A CERT. OF OCCUPANCY ON PROOF OF TOTAL WORK COST.

➤ WILL WORK INVOLVE ANY OF THE FOLLOWING: WORK ADJACENT TO SIDEWALK, STORING MATERIAL IN THE PUBLIC RIGHT-OF-WAY, THE OPENING OF A STREET OR SIDEWALK? YES ☐ NO ☐ If yes to any of these questions, additional permits must be acquired

Property Information		
Project Address: _____	Tax Identification #: _____	Year Built: _____ Source: _____
Date of Acquisition: _____	Purpose of Acquisition: _____	
Current/Most Recent Use: _____	As-Built Use: _____	Current Assessed Value: \$ _____
Total Square Footage: _____	Type of Construction (e.g., wood, masonry, etc.): _____	
Is the property currently vacant? ☐ Yes ☐ No <i>If yes, state how long: _____ and please answer the following questions:</i> 1. Is it registered as a Vacant Building with the Building Department? ☐ Yes ☐ No 2. Is it the subject of Court proceedings relative to its vacancy? ☐ Yes ☐ No 3. Indicate the reason for vacancy: _____		
Is the property eligible for listing on the New York State Register of Historic Places?		☐ Yes ☐ No
Has a determination of eligibility been sought?		☐ Yes ☐ No

Project Information	
1. Type of Demolition: ☐ A portion of the building or structure ☐ Entire building or structure	
2. Building or Structure to be Demolished (<i>check all that apply</i>): ☐ Principal Residential Structure ☐ Principal Non-Residential Structure ☐ Accessory Structure	
3. Total square footage to be demolished: _____ square feet	
4. Construction and demolition debris to be diverted from landfill disposal, recycled or reused: _____ percent (of total debris)	
5. Proposed Project Description (<i>Provide a written description of the demolition request and state the reason for demolition. Attach additional sheets if necessary.</i>): a. What is the reason for demolition: _____ b. Project Description: _____ _____ _____ _____	
6. Is the property being redeveloped? (<i>If yes, complete the items below.</i>) ☐ Yes ☐ No a. Current zone district: _____ b. Proposed use(s): _____ <i>Refer to the Schedule A: Schedule of Use Regulation Table</i> <i>Check here to confirm that the uses proposed are permitted in the zone district.</i> d. Have the approvals necessary for redevelopment been obtained? ☐ Yes ☐ No	
e. What is the timeframe between demolition and redevelopment? _____ _____	
7. Has an asbestos SURVEY in accordance with NYSDOL Industrial Code Rule 56 been conducted? ☐ Yes ☐ No	
8. Answer the questions below and indicate what alternatives to demolition were considered and why the alternative(s) cannot be pursued. a. Has a Structural Engineer's Report been completed? ☐ Yes ☐ No b. Cost to Stabilize: \$ _____ Source: _____ c. Cost to Rehabilitate: \$ _____ Source: _____ d. Alternatives to demolition considered (<i>Attach additional sheets if necessary.</i>):	

Application is hereby made to the Building & Planning Department for the issuance of a Demolition Permit for construction as herein described, pursuant to provisions of the **Code of the City of Glens Falls**. The owner and the applicant agree to comply with all applicable laws, ordinances and regulations and with all regulations and procedures as explained in this application, and will allow all inspectors to enter the premises for all required and necessary inspections. The following regulations shall apply:

- This application shall be **completed and signed** by the property owner and the applicant, and submitted to the Building Department.
- This application must be accompanied by an electronic and paper copy of the following:
 - **Plot/site plan showing**
 - (a) Existing and proposed buildings or structures on the lot and their distances to one another as well as to the lot lines and all other pertinent details of the property.
 - (b) Existing drainage, utilities, and other natural features including, but not limited to, wetlands, floodplains and wooded areas.
 - (c) Temporary and permanent sediment and erosion control measures, proposed grading and drainage features.

- **Liability insurance coverage:**
 - (a) For contractors acting in the capacity of a general contractor, \$1,000,000 minimum each occurrence, with the City of Glens Falls named as the certificate holder.
 - (b) For property owners, if there is no contractor participation in the project, proof of insurance must be provided with the level of insurance being contingent upon the project.
 - **Proof of compliance with the mandatory coverage provisions of the Workers' Compensation Law and Disability Law.**
 - (a) Certificate of workers compensation insurance, on either the State approved **C-105.2** form or the **U-26.3** form **AND** certificate of disability insurance, on either the State **DB-120.1** or **DB-155** form **OR**
 - (b) Certificate of workers compensation/disability exemption **CE-200**, site specific.
 - **An asbestos SURVEY in accordance with NYSDOL Industrial Code Rule 56**
- Fees required by the City of Glen Falls as calculated by the building department, shall be paid by check, money order, or cash.
 - Work covered by this application shall not commence prior to permit issuance and does not encompass work that would otherwise be required by a building permit.
 - Any deviation from approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans by the building department, including any required fees.
 - Building Department shall be notified (minimum notice – **48 hours** in advance) according to the required schedule of inspections.
 - The permit is effective for **one year** from the date of issuance.

Rules and Acknowledgments

All work shall conform to the Code of the City of Glens Falls, and must be completed within 12 months of the date of the demolition permit issuance, or a new permit shall be obtained by the Applicant.

I, the undersigned, understand that the permit which may be issued pursuant to this application is issued on the assumption that all of the representations made on this permit application are true and accurate. I have read and understand the provisions of the **City Zoning Code**, **NYS Building Code** and related Rules and Regulations and will comply with said requirements. I understand that if any of the information on this form is found to be untrue or inaccurate, or if the work initiated pursuant to a permit granted based on the representations made on this application is not completed in accordance with the representations made on this permit application, then the permit may be revoked without notice to myself, the contractor, or any other party.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF PROPERTY OWNER _____ **DATE** _____

FOR STAFF USE ONLY:

DATE/TIME APPLIED _____ RECEIVED BY _____ APPLICATION # _____

ZONING OFFICER APPROVAL _____ BUILDING DEPARTMENT _____

DATE ISSUED/DENIED _____ EXPIRATION DATE _____

Notes: _____
