Demolition Permit Application

PLEASE SUBMIT THE ORIGINAL & TWO (2) COPIES OF THE FOLLOWING ITEM

- Application *(application will not be accepted unless signed and notarized)*
- Survey with proposed demolition area indicated on survey
- A survey of the impacted portion of the building to identify the presence of asbestos. The survey shall be prepared in accordance with New York State Labor Law (Article 10, Section 241.10) and Industrial Code Rule 56
- Affidavit of Absence of Asbestos form signed by a licensed asbestos inspector
- Shut off letters from Key Span, LIPA, and Suffolk County Water Authority if applicable

Demolition permit fees to be determined by the Building Inspector
If work has commenced without a demolition permit, fees will be doubled*

Demolition Permit Application

FOR OFFICE USE ONLY

SECTION_____ BLOCK_____ LOT_____

Building Permit #: _____ Expiration Date: _____

Building Permit Fee: _____ Approved By: _____ Date Issued: _____

PROPERTY INFORMATION

Owner: _____

Property Address: _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

OFFICE USE ONLY

Architect or Engineer: _____ Phone: _____

Contractor or Builder: _____ Phone: _____

License #: _____

THIS APPLICATION MUST BE APPROVED AND PERMIT ISSUED BEFORE BEGINNING WORK

The undersigned herby applies for a permit to do the following work which will be done in accordance with the description, plans, building and zoning specifications submitted, and such special conditions as may be indicated on the permit, and pursuant to the Workman's Compensation laws of this State of New York and all other State and Federal laws, rules and regulations.

Enclosures required are complete plans, specifications, and survey

Demolition Permit Application

SECTION_____ BLOCK_____ LOT_____

PERMIT REQUESTED

___Building ___Plumbing ___Certificate of Occupancy ___Change of Use ___Demolition

TYPE OF IMPROVEMENT

___New Building ___Addition/Alteration ___Swimming Pool ___Repair (Replacement)

___Bulkhead (New or Repair) ___Other ___Fire Alarms ___Oil Tank Removal

PROPOSED OR EXISTING USE RESIDENTIAL

___One Family ___Two Family ___Apartment Building ___Transient (Hotel or Motel)

___Garage or Accessory Structure ___Other (Specify)

NON-RESIDENTIAL

___Industrial ___Office, Bank, Professional ___Stores, Mercantile ___Church, Other Religious

___Hospital, Institutional ___School, Library ___Amusement/Recreational ___Parking Garage

___Service Station, Repair ___Tanks, Towers ___Public Utility ___Other (Specify)

ZONING INFORMATION

Zoning District: _____ Front Yard Depth: Existing _____ Proposed _____

Corner Lot: ___ Yes ____ No Rear Yard Depth: Existing _____ Proposed _____

Lot Size: _____ X _____ Side Yard Widths: Existing 1. _____ 2. _____

Proposed 1. _____ 2. _____

% of Lot Coverage: Existing _____ Proposed _____

DESCRIBE IN DETAIL THE WORK TO BE PERFORMED

_____

_____

_____

Demolition Permit Application

SECTION_____ BLOCK_____ LOT_____

PLEASE READ THE FOLLOWING AND SIGN

I, _____ herby certify that I have received, read, and understand all the enclosed instructions regarding the Building Permit Application for the Village of Patchogue and have filled this application out to the best of my ability.

I am fully informed that it is a violation of the Ordinances of the Village of Patchogue to occupy the dwelling to be erected on this property until a Certificate of Occupancy has been issued by the Village Building Inspector.

All proposed work to be done on the described premises and all provisions of the Building Code and Zoning Ordinance and all other laws pertaining to the proposed work shall be compiled with, whether specified or not, and that such work is authorized by the owner.

_____
(Signature of Owner, Owners Agent, Architect, Contractor, Plumber)

Sworn to me the _____ day of _____, 20____

_____
(Notary Public, Suffolk County, New York)

Demolition Permit Application

SECTION_____ BLOCK_____ LOT_____

AFFIDAVIT OF ABSENCE OF ASBESTOS

I, _____, being a New York State Licensed and Certified Asbestos Inspector, on behalf of the owner of the premises know as _____, Incorporated Village of Patchogue, New York, 11772, Section _____ Block _____ Lot _____, have conducted an asbestos investigation on _____(month) _____(day) _____(year) and declare that the premises to be demolished are free of an asbestos containing material (AMC) and therefore petition of the Village of Patchogue Building Department to issue a demolition permit.

****NOTE****
ASBESTOS SURVEY INCLUDING SAMPLING AND LABORATORY ANALYSIS OF MATERIALS MUST BE SUBMITTED IN SUPPORT OF THIS AFFIDAVIT

_____
Licensed Asbestos Inspector

Sworn to me the _____ day of _____, 20____

_____
(Notary Public, Suffolk County, New York)