

# TOWN OF SCHROON BUILDING & CODES

## DEMOLITION PERMIT APPLICATION

permit fee \_\_\_\_\_

permit number \_\_\_\_\_

NO WORK TO COMMENCE UNTIL PERMIT IS ISSUED

date \_\_\_\_\_

demolition location \_\_\_\_\_

tax map id \_\_\_\_\_

applicant \_\_\_\_\_

owner \_\_\_\_\_

address \_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

phone \_\_\_\_\_

phone \_\_\_\_\_

1. person responsible for work \_\_\_\_\_

2. where will demolition debris be taken \_\_\_\_\_

3. all buildings to be demolished require an Asbestos Survey

4. any building substantially damaged by fire must obtain an Asbestos Removal Permit from the Department of labor

5. Asbestos info The Asbestos Removal report must be filed with our office before work begins.

6. Is there asbestos in the building                      yes \_\_\_\_\_ no \_\_\_\_\_

if yes we need the following info :

name of firm removing asbestos \_\_\_\_\_

license number of that firm \_\_\_\_\_

where will the asbestos be disposed \_\_\_\_\_

7. info on the structure

what structure(s) will be demolished                      \_\_\_ residence    \_\_\_ garage    \_\_\_ business

\_\_\_ storage bldg    \_\_\_ other

size of structure \_\_\_\_\_

number of stories \_\_\_\_\_

type of foundation \_\_\_\_\_

5. indicate utilities for the structure      \_\_\_propane    \_\_\_electric    \_\_\_public water  
      \_\_\_ public sewer      \_\_\_on-site well

have you notified the town for a water and sewer disconnect?    yes\_\_\_      no\_\_\_

**PLEASE READ BEFORE SIGNING BELOW**

**New York State Labor Law (section 241.10) and the Code require a survey of the building to be performed to identify the presence of asbestos prior to advertising for bids or contracting for or commencing of work on any demolition of a building. The Code requires that this survey must be sent to NYS Department of Labor and the local government unit responsible for issuing the demolition permit. Prior to demolition, the asbestos identified in the survey must be removed or otherwise remediated. Albany District (518) 457-2072**

date of survey\_\_\_\_\_

New York Labor Law, (section 125) requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. **Worker's compensation and disability benefits are necessary if wages are to be paid to anyone working on the project.** No permit will be issued unless current valid Worker's Compensation and Disability insurance Certificates , made out in the name of the Town of Schroon, are attached to this application. General contractors must provide proof that they are in compliance with section 57 of the Worker's Compensation Law with one of the following forms to show that they are: Insured (C-105.2 or U-26.3), self-insured (SI-12), or are exempt (CE-200). If the owner is listed as General Contractor, they must file a form BP-1 with this permit application.

**STATEMENT**

I, \_\_\_\_\_, the named applicant, hereby attest the I am the lawful owner of said property described, tax map # \_\_\_\_\_ within, or am the lawful agent of said owner and affirm under penalty of perjury that all statements by me on this application are true.

Signature:\_\_\_\_\_ date:\_\_\_\_\_

make checks payable to : **Town of Schroon**

office use only  
code fee\_\_\_\_\_ check#\_\_\_\_\_ money order\_\_\_\_\_ cash\_\_\_\_\_

date received\_\_\_\_\_ date reviewed\_\_\_\_\_ date approved

