

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

