



www.aFineAdirondackTown.org

**(315) 848-3121**  
4078 State Hwy 3  
P.O. Box 238  
Star Lake, NY 13690  
Fax: (315) 848-3152

## **DEMOLITION PERMIT APPLICATION**

\*\*\*\*\*Office Use Only\*\*\*\*\*

Date Submitted: \_\_\_\_\_

Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

**PERMIT MUST BE OBTAINED BEFORE BEGINNING ANY CONSTRUCTION**

**PLEASE READ AND COMPLETE THIS ENTIRE FORM  
TO AVOID DELAYS IN OBTAINING YOUR PERMIT**

The undersigned hereby applies for a Demolition Permit for the following work, which will be completed in accordance with the description, plans and specifications submitted and such special conditions as may be indicated on the Demolition Permit.

### **Owner Information**

**Property Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### **Project Site Information**

**Project/Property Address:** \_\_\_\_\_

**Legal Description: (Attach additional sheets if necessary)** \_\_\_\_\_

**Tax Map No.:** \_\_\_\_\_

## Contractor / Contact Information

### PERSON RESPONSIBLE FOR DEMOLITION AND CLEAN-UP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ARCHITECT/ENGINEER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### GENERAL CONTRACTOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Details of Building Being Demolished

☐ Dwelling

☐ Garage

☐ Shed

☐ Barn

☐ Business

☐ Industrial

☐ Other Uses: \_\_\_\_\_

Size of Structure: Length \_\_\_\_\_ feet X Width \_\_\_\_\_ feet

Foundation: ☐ Yes ☐ No

Debris Disposal: ☐ Dump Where: \_\_\_\_\_

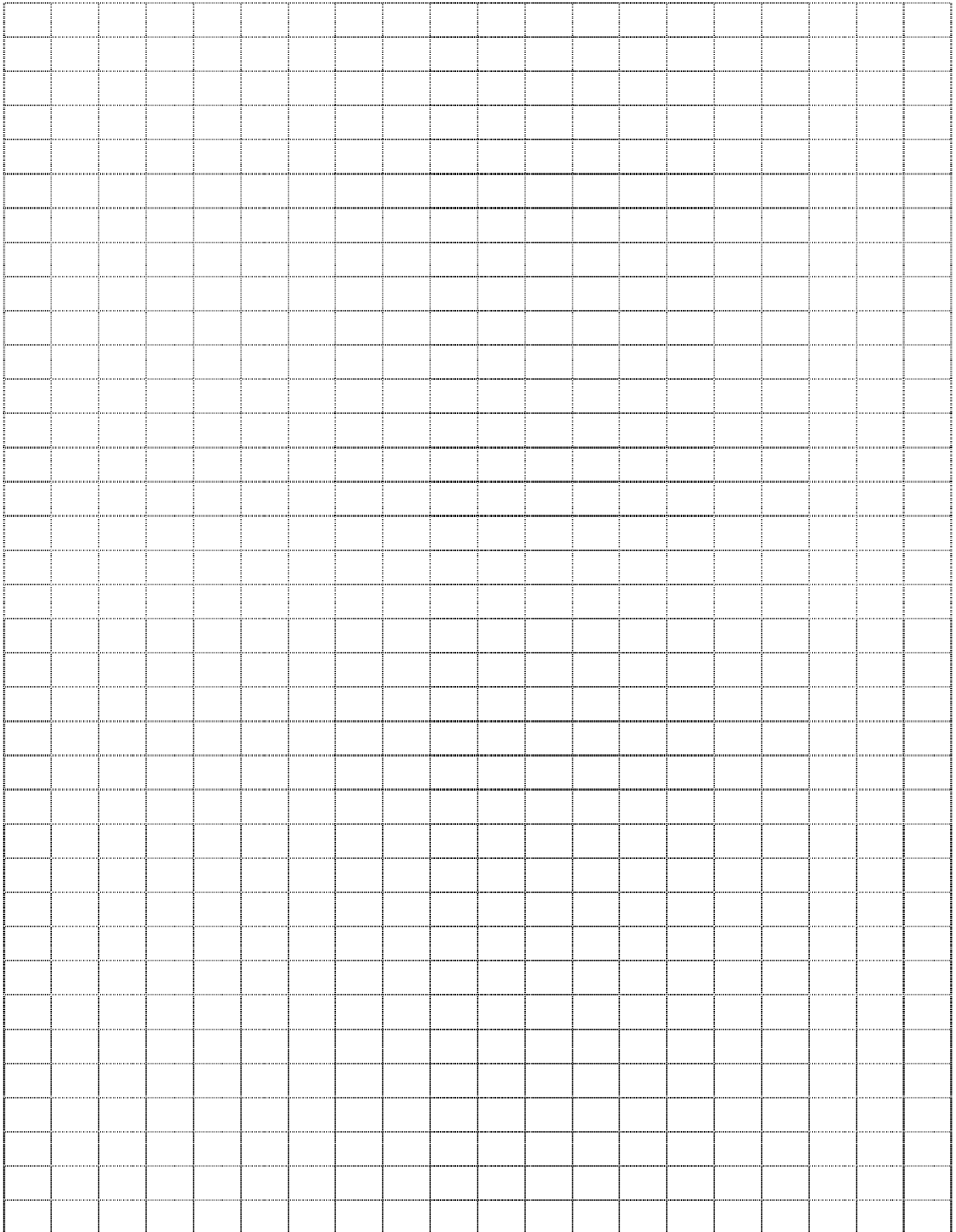
☐ Burn (NYSDEC Permit Required; Contact: NYS Forest Ranger William Benzel at  
Wanakena, New York (315-848-3598)

Will Manufactured Home have: ☐ Full basement ☐ Slab ☐ Piers ☐ Anchored/Tied Down

## Site Plan Information

A plot plan must be prepared and submitted for all proposed work; drawn to scale and attached hereto, showing clearly and distinctly all buildings, both existing and proposed and indicate all setback dimensions from property lines and other buildings. Give street number and/or lot number and indicate whether it is an interior or corner lot. Show the locations of both any well or private septic disposal system, where private systems.

## Site Plan Information



### AFFIDAVIT

I certify to the best of my knowledge and belief the statements contained in this application, together with all plans and specifications submitted therewith, are true and complete statements of all proposed work to be completed on the described premises and that all provisions of the *New York State Uniform Fire Prevention and Building Code* and all other laws or regulations pertaining to the proposed work shall be complied with, whether specified herein, or not, and such work is authorized by the property owner. The granting of a permit does not authorize any work that will violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of any construction.

Owner Name (*Printed*) \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (*Printed*) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### SPECIAL CONDITIONS OF PERMIT:

☐ Asbestos Mitigation Documentation Required

---

---

---

---

### OFFICE USE ONLY

Date Denied: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Comments: \_\_\_\_\_

---

Code Enforcement Officer: \_\_\_\_\_