Permit #_____

TOWN OF CHAUTAUQUA

Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757
Phone: (716) 753-7342 ~ Fax: (716) 753-5239

DEMOLITION PERMIT APPLICATION

DEMO Cost_____

I. Owner Information

Property Location:_____
Section _____ Block_____ Lot_____

Owners Name_____

Mailing Address_____
Street City Zip

Contact: _____
Name Phone Cell

II. Contractor Information

Contractors Name_____

Address/Phone_____
Street City Zip Phone

Contractor Certificate of Insurance: On File_____ Copy attached_____

UFPO Registration Number:_____

III. Work Description

1. Description of the Building/s or structure/s on the property to be Demolished:

_____
_____
_____

2. Applicants proposal including description of materials to fill in sub surface areas to grade level:
Brief Statement _____
_____
_____

3. Applicants proposal for capping utility services: (Fuel,Water,Wells,Sewage line, Electrical, Etc.)

_____
_____
_____

Demolition Application Cont.

IV. Conditions

1. ALL DEMOLITION SITES SHALL BE BARRICADED IN SUCH A MANNER AS TO PROVIDE PROPER WARNING AND PROTECTION TO THE PUBLIC.

_____
APPLICANT'S INITIALS

2. ALL DEMOLITION DEBRIS SHALL BE PROMPTLY AND LEGALLY DISPOSED OF AT AN AUTHORIZED SITE.

_____ _____
Name **Location of Site** **APPLICANT'S INITIALS**

3. ALL PROJECTS TO BE COMPLETED WITHIN 30 DAYS OF COMMENCEMENT.

_____
APPLICANT'S INITIALS

4. PERMIT SHALL EXPIRE 90 DAYS FROM DATE OF ISSUANCE.

_____
APPLICANT'S INITIALS

5. PROJECT IS SUBJECT TO THE NEW YORK STATE FIRE PREVENTION AND BUILDING CODE AND TOWN OF CHAUTAUQUA CODE- CHAPTER 143-81.

6. ABATEMENT REQUIREMENTS NEEDED

Approximate year structure was built:_____

Mark all that apply: Asbestos_____ Lead_____ None_____ _____
APPLICANT'S INITIALS

AFFIDAVIT

STATE OF NEW YORK
SS:
CHAUTAUQUA COUNTY

I Swear that to the best of knowledge and belief the statements contained in this application are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes and Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner. I acknowledge that Zoning Code information relating to applicant's district has been reviewed.

Signature of Owner_____ Date_____

TO BE COMPLETED BY CODE ENFORCEMENT OFFICER

Permit#_____ Date Issued_____ Expires_____

Signed: _____