



Application for Demolition Permit
TOWN OF DUANESBURG
5853 Western Turnpike
Duaneburg, NY 12056

Building Department
518-895-2040

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Demolition Permit. The Applicant or Owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and will allow all inspections as required. A **DEMOLITION PERMIT IS REQUIRED BEFORE** commencing demolition of any building or structure or part thereof. Undertaking activity that requires a demolition permit prior to obtaining such permit is prohibited.

Date _____ 20____

Permit#_____

Applicant's Name_____

Applicant is (Check one or more): ☐ Owner ☐ Agent
☐ Engineer/Architect ☐ Contractor ☐ Other (Specify):

Address: _____

_____ Zip _____

Email _____ Phone _____

Owner's Name _____

Address: _____

_____ Zip _____

Email _____ Phone _____

Property Location of Proposed demolition _____

_____ Municipality _____

Wages are being paid for performance of work ☐ yes ☐ no

If yes, provide proof of Workers Compensation:

(Form C-105.2 or CE-200 for Sole Proprietor)

BUILDING SET BACKS: Please Attach Plot Plan

Zoning District _____ Lot Size _____

Front Yard Depth _____ Feet

Right Side Yard Width _____ Feet

Left Side Yard Width _____ Feet

Rear Yard Depth _____ Feet

Bldg. Height _____ Feet _____ Stories

Tax Map # _____

Floor Area _____ Sq. Ft.

Reason for Demolition _____

Method of disposal _____

Safety precaution plan (if necessary) _____

Is demolition located within 100ft. of any wetland or lakeshores? _____

Power disconnected _____

Phone and Cable Services Disconnected (if applicable) _____

Exiting Use of Property _____

Existing septic system _____

Water Supply: ☐ Municipal water supply ☐ ew Well
☐ Existing Well

Estimated Cost \$ _____

NOTE: Inspections by Building Department are required at the end of demolition (You must call for inspections)

Note: THIS DEMOLITION PERMIT EXPIRES
ONE (1) YEAR FROM DATE OF ISSUANCE.

Signature of Owner, Applicant or Agent

Building & Sanitation Inspector

_____ 20____
Date