



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 \_\_\_\_\_

Tax Map # \_\_\_\_\_

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

Floor Area \_\_\_\_\_ Sq. Ft.  
Reason for Demolition \_\_\_\_\_  
Method of disposal \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Safety precaution plan (if necessary) \_\_\_\_\_  
\_\_\_\_\_

Owner's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Property Location of Proposed demolition \_\_\_\_\_  
\_\_\_\_\_ Municipality \_\_\_\_\_

Asbestos Survey \_\_\_\_\_ Date \_\_\_\_\_  
Asbestos Abatement Report \_\_\_\_\_

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)

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

Power disconnected \_\_\_\_\_  
Phone and Cable Services Disconnected (if applicable)  
\_\_\_\_\_

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

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

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\_\_\_\_\_  
Building & Sanitation Inspector

\_\_\_\_\_ 20\_\_\_\_  
Date

Fee (includes certificate of occupancy)  
\$ \_\_\_\_\_ ☐ Cash ☐ Check # \_\_\_\_\_ Date Pd \_\_\_\_\_