

**Application for
Demolition Permit**



Village of Wellsville
 156 North Main Street
 Wellsville NY 14895
 585-596-1755
 585-593-7260 FAX
 www.wellsvillenv.com

INSTRUCTIONS

The undersigned hereby makes application for the work indicated on this form and required documentation. This application is to be reviewed by the code enforcement official, whose review will be based on the supplied documentation. The permit will be issued when all review notes are addressed, contractor insurances are on file, and permit fees are paid.

COMPLETE PERMIT PACKAGE CHECKLIST

Incomplete applications will not be accepted

- Completed application Survey map, showing structures to be removed **Provide WC/DIS Insurance**
 Submit one of the following for each contractor

APPLICATION INFORMATION

- Exemption Form CE-200
- Proof of Coverage U26.3 or C105
- Homeowner as Contractor BP-1

Address of Jobsite _____

OUR OFFICE ISSUES COMMENTS AND FINAL CERTIFICATES VIA EMAIL. PLEASE DOUBLE CHECK EMAIL ADDRESSES.

Applicant's Name _____	Best phone # _____
Applicant's Address _____	
Applicant's Email _____	
Owner's Name _____	Best phone # _____
Owner's Address _____	
Owner's Email _____	
Contractor's Name _____	Best phone # _____
Contractor's Address _____	
Contractor's Email _____	

BUILDING OWNER CERTIFICATION

To be signed by owner (if not applicant) or submit a letter

I, _____, hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand that burning of debris is not allowed, asbestos and lead removal is my responsibility. I hereby agree to return the site to a clean state, free from any hazards and to return the required systems to their full state (if interior demolition) and the site to a final grading with positive drainage (if exterior) within 30 days of the completion of the removal of debris, regardless of the expiration date of the permit. I further understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local zoning code.

Signature of Owner/title: _____

Date _____

STRUCTURE INFORMATION

Structure to be removed _____

Known historical significance _____

Year built _____

Confirmation that ALL Utilities Disconnected (required). UFPO# _____

DEMOLITION INFORMATION

Planned Start date _____

Expected completion date _____

Cost of demo _____

Method of demo _____

Method of debris removal _____

Method to secure site during demo _____

ASBESTOS HAZARD INFORMATION

Please see application attachment. It provides information on Article 56 of the NYS Labor Law which addresses asbestos exposure and removal.

Acceptance does not relieve the agent, applicant, architect, builder, engineer, or owner from complying with any of the provisions of the NYS Building Code, Energy Conservation Construction Code, NYS Labor Laws, SEQRA Act, Local Zoning, etc., whether stated, implied, or omitted in the plans and specifications submitted for the building permit. Incorrect information may result in revocation of permit.

Signature of Applicant: _____

Date _____

1APR 17 VER

For Office Use Only

Approved/Denied _____

Permit Fee _____

Receipt # _____

Permit # _____

Date Issued _____