

# Building Department Village of Liberty

167 North Main Street  
Liberty NY 12754

Telephone: (845) 292-2250. X17  
Fax Number: (845) 295-9216

## Demolition Permit Application

Approved: 201_____	Application Number: Date:
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### Instructions

- A. This application must be completely filled in by typewriter or in ink and submitted to the Code Enforcement Officer.
- B. Plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas must be drawn on the diagram which is part of this application.
- C. A copy of a current, valid certificate of insurance must accompany this application for either the property owner or tile contractor doing said demolition. Specifications shall describe tile nature of the work to be performed, the method of disposal of all debris.
- D. The work covered by this application may not begin before tile issuance of tile Building Permit and fees are paid accordingly. Tile Village Noise Ordinance dictates that work cannot begin before 7 am nor continue later than 9 p.m."
- E. Upon approval of this application, the Building Department will issue a Demolition Permit to the applicant. It shall be made available upon request during the entire demolition job.
- F. It is the responsibility of the owner or contractor to notify ALL utilities involved PRIO~ TO beginning any demolition work.

Location: (Give Street Number and Name)
Section: _____ Lot: _____ Block: _____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Demolition Permit pursuant to the Building/Residential Code of the State of New York for the demolition as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations

Applicant is (Circle one): **Owner** or **Contractor** (Current Certificate of Insurance must be attached)

\_\_\_\_\_  
(Contractors Signature)

\_\_\_\_\_  
(Contractors Mailing Address)

\_\_\_\_\_  
(City, State, & Zip Code)

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(Owners Signature)

\_\_\_\_\_  
(Owners Mailing Address)

\_\_\_\_\_  
(City, State, & Zip Code)

\_\_\_\_\_  
(Telephone #)

1.) State existing use of structure \_\_\_\_\_

2.) Method of debris removal: (a) Haul debris away (b) Bury debris on site {NOTE: Commercial Buildings cannot be buried on site}

3.) Will said demolition require the closing of any public streets or pedestrian pathways?  
No YES

4.) Estimated Cost of demolition: \_\_\_\_\_

Fee: \$ \_\_\_\_\_  
(To Be Paid Upon Filing Application)

*Checklist*	
<input type="checkbox"/>	Water service shut off and meter disconnected
<input type="checkbox"/>	Electric service shut off and lines disconnected
<input type="checkbox"/>	Certified asbestos removal completed
<input type="checkbox"/>	Fuel/gas/propane tanks removed
<input type="checkbox"/>	1 - 800 - DIG #, if Necessary

STATE OF NEW YORK  
SULLIVAN COUNTY \_\_\_\_\_ Being duly sworn and says that (s)he is the applicant named above.  
(S)he is the \_\_\_\_\_ Of said owner of owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the applications and in the plans and specifications filed herewith.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County

\_\_\_\_\_  
(Signature of Applicant)