

# DEMOLITION PERMIT APPLICATION

## GLOVERSVILLE, NY

1. Application MUST be completed in ink.
2. Address of property for which permit is being requested
3. Property Owner Address
- \*Note: If the property owner is a corporation you must attach a list of name and address of their responsible officer(s).
4. Name and Phone number of the person to contact in regard to Application during normal business hours:  
(Mon.- Fri. 8 A.M. - 5 P.M.)
5. Occupancy classification as defined by Building Construction Code (mixed occupancies must be fully described)

6. This application shall be accompanied by a plat plan, drawn to scale, showing the location and size of all existing structures on the site, an affidavit stating that the demolition site has been prepared for demolition as prescribed in Section 23-3.2 of Industrial Code Rule 23 of the State of New York and all other information necessary to determine compliance with the Building Construction Code. If this information is not provided the application may be disapproved. Provide a brief description of the building or structure to be demolished

Height in stories Height in feet Construction Type

7. Estimated Cost (include both labor and materials)

8. AFFIDAVIT: (read before signing Application)

I hereby certify that all information contained on this application is true and that all work performed, for which this permit is requested, shall comply with the Building Construction Code of the City of Gloversville and any other laws, codes, ordinances, rules and regulations regulating the work which may be applicable; the owner and applicant consents to permit any Code Enforcer Official right of entry as prescribed in the Building Construction Code; and if this application is made by other than the owner that the owner has authorized this application to be submitted.

9. All demolition debris will be disposed of in a manner allowed by the New York State Department of Environmental Conservation rules and regulations, and in accordance with the laws of the County of Fulton.

10a. Is there asbestos in any form in the building?

10b. If yes, name, Address and Phone Number of licensed asbestos contractor to be used to properly remove the asbestos.

11. I have reviewed this application and have determined that all the INSURANCE required by the Building Construction Code has been obtained for the project.

Date: \_\_\_\_\_ City Attorney: \_\_\_\_\_

I HAVE READ THE FOREGOING AND UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.25 OF THE PENAL LAW.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

For Building Inspector's Use:		Date Application Received: _____.	
APPLICATION	Approved	Building Inspector: _____.	
	Disapproved	Date: _____	
COMMENTS:			
Flood Zone	Yes	No	// Historic Zone
	Yes	No	// EDZ
	Yes	No	

ENTER BELOW THE PROPERTY OWNERSHIP MAP NUMBER:  
 \_\_\_\_\_SECTION\_\_\_\_\_BLOCK\_\_\_\_\_LOT

- White Building Inspector
- Canary Assessor
- Pink City Clerk
- Goldenrod City Attorney
- Green Applicant