



**Village of Addison
Code Enforcement**

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Addison, NY 14801
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APPLICATION FOR DEMOLITION PERMIT

PLEASE PRINT

DATE _____

NAME OF APPLICANT: _____
 ADDRESS OF APPLICANT: _____
 NAME OF STRUCTURE OWNER: _____
 ADDRESS OF STRUCTURE OWNER: _____
 OWNER PHONE NUMBER: _____
 CONTRACTOR/INDIVIDUAL DEMOLITION TO BE DONE BY: _____
 CONTRACTOR/INDIVIDUAL(S) ADDRESS: _____
 PHONE: _____

DESCRIPTION OF STRUCTURE OR PORTION OF STRUCTURE TO BE DEMOLISHED:

FULL DEMO PARTIAL DEMO MOVE STRUCTURE

PRESENT USE OF STRUCTURE _____
 YEAR OF CONSTRUCTION _____ REASON FOR DEMOLITION: _____

If the structure was built prior to 1980, please submit a copy of the Asbestos/Lead Survey
 WHAT HOURS OF THE DAY WILL THE DEMOLITION PROCESS TAKE PLACE? _____

WILL THERE BE A NEW STRUCTURE REPLACING THE DEMOLISHED STRUCTURE? YES NO
 HAVE UTILITY CINNECTIONS BEEN TERMINATED? YES NO

Proof of Workman’s Compensation must accompany this application. If not, a completed and notarized affidavit that workman’s compensation and disability benefits are not required must be submitted with this application. All removal of hazardous materials, including and not limited to asbestos, must be completed by owner or his agent and examined by the Village of Addison Code Enforcement prior to structure demolition. When demolition is being done in high traffic areas coordination must be completed with corresponding Village of Addison agencies. It is also the responsibility of the owner or agent that all utilities are terminated prior to demolition. Cellars must be filled with clean debris. No structural material allowed. All demolition debris must be removed from the site within 3 days of demolition. If new construction is not intended within 30 days of demolition, the cellar or excavation must be graded, top soiled, and seeded with grass. If present site is graveled it must be graded with like gravel.

APPLICATION IS HEREBY MADE TO THE OFFICE OF CODE ENFORCEMENT
 Village of Addison for issuance of demolition permit pursuant to New York State Law.
 I have read these instructions and find them to be true

Applicant _____ Date _____