

# TOWN OF STILLWATER



ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION

BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 539-0002  
BUILDING & PLANNING DEPARTMENT

## APPLICATION FOR DEMOLITION PERMIT \$100.00

This form, as well as any additional data requested by the Town of Stillwater, must be fully completed & returned to the Department of Building, Planning and Development no later than 5 days in advance of the date of the start of Demolition.

**\*\*No asbestos removal shall commence prior to the issuance of a demolition permit by the town of Stillwater.\*\***

For Official Use Only

Date Application Received \_\_\_\_\_

Permit No. \_\_\_\_\_

ADDRESS OF SITE: \_\_\_\_\_ SBL#: \_\_\_\_\_

OWNER'S/AGENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

DATES OF DEMOLITION: \_\_\_\_\_ THRU \_\_\_\_\_

STUCTURE(S) TO BE DEMOLISHED: \_\_\_\_\_

METHOD TO BE UTILIZED FOR DEMOLITION (NO BURNING OR EXPLOSIVES ARE PERMITTED): \_\_\_\_\_

### REQUIRED SUBMISSIONS AS PART OF THIS APPLICATION:

- This application form and fee.
- Written verification from electrical and gas providers indicating all existing services have been removed from structure(s) to be demolished.
- Written verification from applicable water/sewer authority indicating all existing services have been removed from structure(s) to be demolished.
- Certificates of Insurance if a contractor(s) is/are performing the work.
- Approximate date of structure.
- Built prior to 1974 Asbestos Survey Required. (See information provided with permit.)

Prior to any demolition, the property owner is responsible for the proper identification and removal of hazardous materials. This may include asbestos-containing materials, petroleum or chemical storage tanks, lighting ballasts and bulbs, mercury switches, etc. Relative to lead-based paint, where applicable, building waste streams should be approved for acceptance at a disposal facility and the demolition shall be performed to be protective of workers safety and preventing release to the environment.

I am aware that it is my responsibility as the applicant to maintain the site in a clean and safe order during demolition activities. I further understand that the site shall be clean and free of demolition debris within 30days of termination of activities and all debris shall disposed of legally. I also understand that failure to comply with these conditions may be a violation and subsequently subject me to fines imposed by the Town of Stillwater.

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### Authorization to Act as Agent for:

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, \_\_\_\_\_, owner of the premises located at \_\_\_\_\_  
Signature Number Street  
TAX ID \_\_\_\_\_, hereby designate, \_\_\_\_\_  
Section Block Lot Printed Name of Agent  
as my agent regarding this application for review.

\_\_\_\_\_  
**Signature: Owner/Agent**

\_\_\_\_\_  
**Date**

<u>For Official Use Only</u>	
_____ Code Enforcement/ Zoning Officer	_____ Date
<b>APPLICATION: APPROVED DENIED</b>	