

Village of Castleton
Building Department
85 South Main Street
Castleton, NY. 12033
(518)732-2211, fax (518)732-1550

Demolition Permit

Permit # _____

\$100.00 fee received by _____
Date: / /

Address of Site _____
Applicant _____ () _____
Applicant's Address _____
Owner of Property _____
Owner's Address _____ () _____
Permit Issued ____/____/____
Lot Size; Width ____ l.f. Depth ____ l.f. Area ____ square ft.
Permit Expires ____/____/____
Type of Lot; Interior (), Corner (), Through
Lot
() Zoning Dist. _____
Lot Size; Width ____ l.f. Depth ____ l.f. Area ____ s.f.
R.C.D.H. Approval _____
Existing Use: _____

BUILDING FEE IS NOT REFUNDABLE

Applicant is to complete what is applicable to this permit application:

() Demolition

(Type) _____

Width ____ l.f. Depth ____ l.f. Area ____ s.f.

Height ____ ft.

() Other (explain) _____

Asbestos removal report (Industrial Code #56) _____

Verification of service disconnection; electrical (), gas (),
water (), sewer ()

Verification of removal/disconnection & protection of fuel storage
tanks _____

Verification of insect and rodent extermination _____

Location of where demolition materials will be disposed of _____

Provide traffic control and truck route _____

plan _____

- 1) Contact Underground Facilities Protection Organization (UFPO) 1-800-962-7962 prior to commencement of demolition.
- 2) Avoid encroachment onto adjacent properties.
- 3) Provide, erect and maintain temporary barriers and safety devices.
- 4) Explosives not to be used on site without appropriate permits from the Village of Castleton, Department of Alcohol, Tobacco and Firearms. Site shall be left level and free from voids. All fill material shall be clean free from trash, roots, demolition material etc. Upon completion of demolition all equipment barriers and tools shall be removed in a timely fashion.

Proof of Workers Comp. Insurance: _____
E & SC Plan _____

Has applicant satisfied NYS Storm Water Management requirements?

I hereby certify that to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the N.Y. State Building Code, the Village of Castleton Zoning Law and all other applicable laws, codes and regulations pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the property owner. I further certify that I shall provide workers compensation insurance for all employees as specified in the Workers Compensation Law of the State of New York - OR - that the applicant, contractor and/or owner are not employing any labor and (therefore) no Workers Compensation Insurance is required.

Signature of Owner/Applicant. _____

This _____ day of _____, _____

.Notary Public _____ County.

Building Inspector: _____

Date: _____

