

**Village of Menands
Demolition Permit Application**

For Official Use Only

Submitted: _____ 20____	Approved/Rejected By: _____
Examined: _____ 20____	_____
Approved/Rejected: _____ 20____	Permit Number: _____

Section 1: Instructions

The Demolition Permit Application must be completed (typed or written in ink) and submitted to obtain a Demolition Permit for any planned demolition activity. This application must be completed by the Owner of the property on which demolition is to occur, or by a duly authorized representative of the Owner of the property. In submitting this application, the applicant swears that any and all information and or statements contained in this application are true, to the best of the applicant's knowledge. Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of the application. Demolition authorized by this permit must always comply with the plans as approved by all applicable government agencies. For further information on the demolition permitting procedure and related forms/items, refer to the Demolition Permit Information Sheet.

The checklist below details supplementary items. The submission of the items below is mandatory with this application. The Applicant is to check the boxes in the checklist below to confirm the inclusion of the additional items.

Checklist
<ul style="list-style-type: none"><input type="checkbox"/> Design drawings, details, and/or performance specifications for demolition methods<input type="checkbox"/> Three (3) sets of a survey performed by a licensed surveyor<input type="checkbox"/> Copy of any fully executed contract(s)<input type="checkbox"/> Required insurance forms (see <u>Insurance Form</u>)<input type="checkbox"/> Payment of applicable fees<input type="checkbox"/> Asbestos Survey<input type="checkbox"/> Certification of electric service termination<input type="checkbox"/> Certification of natural gas service termination<input type="checkbox"/> Certification of water service termination.

The checklist below details supplementary items which may be mandatory submissions with this application. Omission of these items indicates the applicant's belief that the items are not applicable to or necessary for the planned demolition project. The Village reserves the right to request these items prior to granting a demolition permit. Refer to the [Demolition Permit Information Sheet](#) for more information.

Checklist
<input type="checkbox"/> <u>Post Demolition Plan, Statement of Agreement</u>
<input type="checkbox"/> Certification of completion of asbestos abatement
<input type="checkbox"/> Certification of pest infestation inspection

Note: Based on the proposed scope the Village reserves the right to require the work be certified by an engineer or architect licensed in the State of New York.

Section 2: Information of the Involved Parties

Property Owner Information
Name: _____
Address: _____
Phone Number: _____
Email: _____

Note: In the following table, if the applicant is the Property Owner, check the appropriate box and leave the table blank.

Agent Information
<input type="checkbox"/> Applicant is Property Owner
Name: _____
Address: _____
Phone Number: _____
Email: _____
Relationship to Property Owner: _____

Note: If the demolition is to be performed by the applicant, check the appropriate box and leave the table blank.

Contractor Information	
<input type="checkbox"/> Work is to be performed by Applicant	
Name of Business: _____	
Address of Business: _____	
Primary Contact (Name and Title): _____	
Phone: _____	Email: _____

Section 3: Property Information

Project Site Information			
Address: _____			
S.B.L: _____			
Zone: _____			
Current Property Setbacks (ft):			
Front: _____	Back: _____	Side: _____	Side: _____

Section 4: Project Information

Occupancy Type of Structure	
Type of Demolition:	
<input type="checkbox"/> Entire Structure	<input type="checkbox"/> Selective Interior
<input type="checkbox"/> Other (Specify): _____	
Residential:	
<input type="checkbox"/> One Family	<input type="checkbox"/> Garage
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Two or More Families
Non-residential:	
<input type="checkbox"/> Assembly	<input type="checkbox"/> Storage
<input type="checkbox"/> Business	<input type="checkbox"/> Institutional
<input type="checkbox"/> Mercantile	<input type="checkbox"/> Utility/Miscellaneous
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Industrial

General Description of Work

Demolition Start Date: _____ Completion Date: _____

General Description of Demolition:

Current Use of Project Site/Structure:

Proposed Use of Project Site/Structure:

Other structures to remain on site? Yes No N/A

Total Project Cost per Executed Contract: \$ _____

Section 5: Post Demolition Plan Statement

Applicant is to fill in Section 5 ONLY if no plans have been made for the demolition location post-demolition.

Post Demolition Information	
Type of backfill to be used:	_____
Topsoil to cover entire lot for a depth of (inches):	_____
Topsoil source:	_____
Method of fertilizing and seeding:	_____
Check if any of the following are applicable:	
Installation of new fencing proposed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Encroachment(s) in a Village right-of-way:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to above, applicant is responsible for removal and patch to match adjacent areas.	
Acknowledged:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installation of new sidewalks and/or curbing proposed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot to be used for parking purposes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other structures are affected by the work (e.g. common/party walls):	<input type="checkbox"/> Yes <input type="checkbox"/> No

End of Application

I hereby make application for issuance of a permit for the work described above. I swear that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the Village shall be complied with. I declare, subject to penalty of perjury, that statements made herein are true and correct to the best of my knowledge.

Owner/Agent Signature: _____ Date: _____
Owner/Agent Name (Printed): _____ Date: _____

Before digging, call Dig Safely New York excavation notification center at 1-800-962-7962 to locate utilities.

