

Village of Airmont Building Department

251 CHERRY LANE, AIRMONT, NEW YORK
Mailing Address: P.O. BOX 578, TALLMAN, NEW YORK 10982
Telephone: 845-414-5536 Fax: 845-414-5529 Email: buildclerk@airmont.org

DEMOLITION PERMIT APPLICATION INSTRUCTIONS

**PERMIT APPLICATIONS WILL NOT BE ACCEPTED WITH FORMS INCOMPLETE OR PROMISED TO BE DELIVERED
AT A LATER DATE**

Please be advised it is the homeowners' responsibility to call for all required inspections.

- ***TWO INSPECTIONS MUST BE REQUESTED BY THE APPLICANT AND CERTIFIED BY THE BUILDING DEPARTMENT***
- ***THE FIRST INSPECTION: BEFORE ANY WORK IS DONE***
- ***THE SECOND INSPECTION: AT THE COMPLETION OF ALL WORK***

FEES AND SUBMISSIONS REQUIRED TO COMPLETE APPLICATION:

- ***THE DEMOLITION PERMIT FEE SHALL ACCOMPANY THE APPLICATION AT THE TIME OF SUBMITTAL—SEE THE VILLAGE OF AIRMONT FEE SCHEDULE FOR THE AMOUNT***

Submit: GAS, ELECTRIC, HEAT, POWER, WATER AND OTHER SERVICE CONNECTIONS REPORT FROM UTILITY COMPANY NOTING SERVICES HAVE BEEN DISCONNECTED

Submit: LIABILITY, DISABILITY, WORKERS COMPENSATION INSURANCE AND LICENSE INFORMATION OF DEMOLITION COMPANY/CONTRACTOR.

Submit: APPLICATIONS FOR DUMPSTERS, PORTABLE TOILETS, OR TEMPORARY STORAGE CONTAINERS IF THEY WILL BE UTILIZED.

SCOPE:

- THIS OFFICE IS TO CHECK THE FOLLOWING POINTS AS STATED IN THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE AND OTHER SUCH LAWS AND REGULATIONS AS MAY APPLY:
- **SAFETY DURING DEMOLITION**
 - SAFE AND SANITARY CONDITIONS SHALL BE PROVIDED WHERE DEMOLITION AND WRECKING OPERATIONS ARE BEING CARRIED ON. WORK SHALL BE DONE IN SUCH MANNER THAT HAZARD FROM FIRE, POSSIBILITY OF INJURY, DANGER TO HEALTH, AND CONDITIONS WHICH MAY CONSTITUTE A PUBLIC NUISANCE WILL BE MINIMIZED, IN CONFORMITY WITH GENERAL ACCEPTED STANDARDS.
 - ACCESS TO UTILITIES AND PUBLIC FACILITIES, INCLUDING AMONG OTHERS, FIRE HYDRANTS, FIRE ALARM & POLICE CALL BOXES, STREET LIGHTS AND MANHOLES SHALL BE KEPT UNOBSTRUCTED DURING DEMOLITION

TO CLOSE OUT THE PERMIT:

Submit: RECEIPT FROM REMOVAL COMPANY THAT ALL DEBRIS WAS REMOVED FROM THE SITE AND ORIGIN CITY. NO DEBRIS MAY BE BURIED OR BURNED ON THE PREMISES. WEIGHT REPORTS FROM WASTE MANAGEMENT FACILITY MUST INCLUDE ADDRESS & TOWN OF ORIGIN.

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ADDRESS OF PROPERTY SECTION, BLOCK & LOT
On the side of and feet from the intersection of

Type of structure Size:

Cost of Demolition \$ Extent of Work:

Demolition Company Name, Address & Phone number:

Carting Company Name, Address & Phone number:

APPLICATION IS HEREBY MADE TO THE BUILDING DEPARTMENT FOR THE ISSUANCE OF A DEMOLITION PERMIT FOR THE REMOVAL OR DEMOLITION AS HEREIN DESCRIBED. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES AND REGULATIONS.

Name and Address of Owner(s) of Premises:

Phone number and email:

STATE OF NEW YORK:

SS:

COUNTY OF ROCKLAND:

being duly sworn deposes and says that he/she is the applicant

above named. He/she is the of said owner or owners, and is duly

Contractor, Agent, Corporate Officer, etc.

authorized to perform or have performed the said work to make and file this application; that all statements contained in the application are true to the best of my knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

SIGNATURE OF APPLICANT

Sworn to before me

this day of, 20

Notary Public

DO NOT WRITE BELOW THIS LINE

PERMIT # DATE: FEE \$

PERMIT FOR:

SERVICES DISCONNECTED: ELECTRIC GAS WATER SEWER OTHER