

**TOWN OF ELBA, NEW YORK
BUILDING DEMOLITION PERMIT-APPLICATION**

Permit No. _____

Applicant's Name _____

Address _____ Phone _____

Owner's Name _____

Address _____ Phone _____

Location of Structure _____ Type of Structure _____

Last Use of Structure _____ No. of Dwelling Units _____

Starting Date _____ Extent of Demolition _____

Insurance Certificates: Workman's Compensation _____ Expiration Date _____

Liability Insurance _____ Expiration Date _____

Explosives to be used? Yes _____ No _____
If yes, name and address of Licensed Operator _____

Notification of Departments & Utilities via signature:

	Notified	Terminated
Police Chief	_____	_____
Fire Chief	_____	_____
Water Superintendent	_____	_____
Sewer Inspector	_____	_____
Power Company	_____	_____
Gas Company	_____	_____
Telephone Company	_____	_____
Cablevision	_____	_____

Method of Demolition _____

I (we) hereby agree to be bound by the provisions of the Ordinances, Specifications and Regulations of the Town of Elba governing demolition work and to such special conditions, restrictions and regulations as may be imposed by the Director of Public Works.

Signature of Applicant _____ Date _____

Inspector's
Comments: _____

The applicant is hereby authorized to proceed with the above described demolition work. All debris is to be removed from the site by (name of company) _____ and taken to (name of site) _____

Permit Fee: _____

Issued by: _____ Date: _____