



Town of Moreau

Building Department
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Moreau, NY 12828-9261
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Benjamin Marcantonio
*Assistant Building
Inspector/CEO*
Kathy Perez
Building Department Clerk

DEMOLITION PERMIT APPLICATION REQUIREMENTS

PLEASE KEEP THIS COVERSHEET FOR YOUR CONVENIENCE

No construction activities may commence until an approved permit is issued

THE FOLLOWING INFORMATION MUST BE PROVIDED:

1. **APPLICATION MUST BE FILLED OUT COMPLETELY.** Signature of property owner, applicant or contractor are required.
2. Insurance requirements:
 - a) Demolition contractor must provide:
 - i. Certificate of workers compensation insurance, on either the State approved C-105.2 form or U-26.3 form.
 - ii. Certificate of disability insurance, on either the State approved DB-120.1 or DB-155 form.
3. New York State Department of Labor Requirements:
 - a. Asbestos Survey as per New York State Department of Labor 56-5.1(Asbestos Survey Requirements for Building/Structure Demolition, Renovation, Remodeling and Repair) **MUST** be completed and submitted before demolition can commence.

REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED

**** Please do **NOT** leave requests for inspections on voicemail.
Inspections requested via voicemail may not be scheduled. ****

- Site inspection
 - Confirm gas/electric and water/sewer hookups have been disconnected (before demolition commences)

TOWN OF MOREAU DEMOLITION PERMIT APPLICATION

Location Information	
Job Site Address _____	Tax Map ID _____
Proposed Demolition _____	Utilities Disconnected ____ Yes ____ No
Owner Information	
Owner's Name (print) _____	Phone # _____
Address _____	Email _____
_____	_____
_____	Owner's Signature _____ Date _____
Demolition Contractor Information (if applicable)	
Applicant (print) _____	Phone # _____
Address _____	Insurance # _____
_____	_____
_____	Signature _____ Date _____
Name of Asbestos Survey Company (if applicable) _____	

I affirm that, the information I've given on this application is correct and complete and I understand that the Town will rely on this information in making its decision.

Applicant Name (print): _____ Applicant Name (signed): _____

Official Use Only		
Received: _____	Issued on: _____	Permit #: _____
Permit Fee: \$ 25.00	Expires on: _____	
Building Inspector: _____	Date Approved: _____	