



# Town of Moreau

Building and Zoning Dept.

Town Office Complex

351 Reynolds Road

Moreau, NY 12828-9261

Phone: (518) 792-4762 ~ Fax: (518) 792-4615

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## DEMOLITION APPLICATION REQUIREMENTS

**\*No construction activities begin until an approved permit is issued\***

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY** - Name, address, contact information and signature of the property owner, applicant, or contractor is required.
  - 2) **SITE VERIFICATION** – The Building Inspector will verify the gas, and electric utilities have been disconnected
  - 3) **INSURANCE FROM DEMO CONTRACTOR** – Insurance required:
    - a. Certificate of workers compensation insurance, on either state approved **C-105.2** form or the **U-26.3** form
    - b. Certificate of disability insurance, on either the state approved **DB-120** or **DB-155** form
  - 4) **NEW YORK STATE DEPARTMENT OF LABOR** –
    - a. Asbestos Survey as per NYS DOL 56-5.1 MUST be completed and submitted before demolition can commence.
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### **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 REQUIRED AT END OF WORK**

## DEMOLITION PERMIT APPLICATION

### LOCATION Information

Job Site Address \_\_\_\_\_

Tax Map ID# \_\_\_\_\_

Cost of Removal \$ \_\_\_\_\_

MH Park \_\_\_\_\_

### OWNER Information

Owners Name (PRINT) \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Signature

Date

### CONTRACTOR or AGENT Information (if applicable)

Applicant (print) \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Insurance # \_\_\_\_\_

\_\_\_\_\_

Signature

Date

### MANUFACTURED HOME DEMO SECTION ONLY

Year: \_\_\_\_\_

Make / Model: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_

# of Bathrooms: \_\_\_\_\_



I affirm the information I have 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 (SIGN): \_\_\_\_\_

### OFFICIAL USE ONLY

Permit Fee: **\$50.00** Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Permit #: \_\_\_\_\_

Building Inspector: \_\_\_\_\_

Date Approved: \_\_\_\_\_