



**TOWN OF GLENVILLE  
APPLICATION FOR DEMOLITION PERMIT**

18 Glenridge Road  
Glenville, New York 12302  
Phone 518-688-1200, Ext. 405 Fax 518- 384-0140  
www.townofglenville.org

Building Dept. Use Only

Fee Due: \$ \_\_\_\_\_

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

APPLICATION IS HEREBY MADE to the Town of Glenville Building Department for the issuance of a building and zoning permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for the removal or demolition, as herein described. The Applicant or Owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and will also allow or arrange for all inspectors to enter the premises for inspections.

**Demolition and removal of all debris must be completed within 60 days from issuance of permit.**

**BUILDING SITE ADDRESS** \_\_\_\_\_

**WHAT WAS STRUCTURE LAST USED FOR?** \_\_\_\_\_

**SIZE & DIMENSIONS OF STRUCTURE TO BE DEMOLISHED** \_\_\_\_\_

**DISCONNECTION OF UTILITIES**

Written verification must be provided:

Gas \_\_\_\_\_ Electricity \_\_\_\_\_

Water \_\_\_\_\_ Sewer/Septic \_\_\_\_\_

**APPLICANT** \_\_\_\_\_ **DAY PHONE** \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ CONTRACTOR  
\_\_\_\_\_ HOMEOWNER  
\_\_\_\_\_ OTHER (explain) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_ **DAY PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

Note: All General Contractors must prove compliance with Section 57 of the Workers' Compensation Law and Section 220 Sub. 8 of the Disability Benefits Law by providing proof of insurance at the time of application. Homeowners doing own work may sign a BP-1 waiver – found in the Building Department and requires notarization.

**PROPERTY OWNER** \_\_\_\_\_ **DAY PHONE** \_\_\_\_\_

**ADDRESS** (if different than above) \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**PLEASE SIGN BACK OF APPLICATION**

The applicant has reviewed and fully understands the requirements and conditions listed on this application. The Town of Glenville requires that where such application is made by a person other than the owner, it shall be accompanied by proof that the proposed work is authorized by the owner and that the applicant is authorized to make such application.

## Certification of Applicant

I certify that the construction plans and all other information submitted as part of this permit application are authorized and accurate.

**Signature of Applicant/Owner** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(FOR OFFICE USE ONLY)**

\_\_\_\_\_ **Approved**      **Date** \_\_\_\_\_      **Permit Fee Due \$** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_ **Denied**      **Date** \_\_\_\_\_

**Denied by:** \_\_\_\_\_

**Reason(s):** \_\_\_\_\_

\_\_\_\_\_