

**Building Department
Town of Patterson**

1142 Route 311 | P.O. Box 470 | Patterson, NY 12563
845.878.6319 | buildingdepartment@pattersonny.org



Office Use Only

Permit #: _____

Date Received: _____

Fee Due: _____

Receipt #: _____

Demolition Permit Application

Instructions: Application must be completed by property owner or an authorized representative and submitted to the Building Department, along with the appropriate application, permit, and C.O. fees. Incomplete submissions will not be processed. Please allow 7-10 business days for review prior to the issuance of a permit.

Permit Details:

1. Demolition Permits are valid for 60 days from the date of approval by the Code Enforcement Officer. Written requests for extensions must be received by the Building Department prior to the date of permit expiration. Extensions must be granted via written authorization by the Code Enforcement Officer.
2. Foundation voids must be filled with clean fill. If more than 10 yards of fill is being added to the site, a fill permit must be obtained from the Planning Board.
3. Demolition sites must be protected daily to prevent unauthorized entry.
4. All C&D material must be removed from the site.
5. Site must be restored to grading consistent with the natural contours of the property.

Property Information

Residential Commercial Industrial

Property Tax Map #: _____ Zoning District: _____ Lot Area: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Property Owner Information

Last Name: _____ First Name: _____

Corporation/Partnership/Other: _____

Mailing Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

If application made by anyone other than the property owner, a signed "Authorization to File an Application" form must accompany the submission.

Licensed Contractor Information (if Applicable)

Last Name: _____ First Name: _____

Business Name: _____

Mailing Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Putnam County License Number: _____ (copy must be attached)

Insurance Co.: _____ Certificate: _____ (copy must be attached)

Project Details

Structure to be Demolished: _____

Material being Removed: Stone Concrete Block Brick Asbestos Glass
 Macadam Wood Steel Oil Tank Electric Connection
 Septic Tank Septic Fields Gas Connection Cement Floor

Wetlands Permit Required: Yes**, Permit Number: _____
 No

*** In the event that a structure or any related disturbance is within 100 ft. of wetlands, property owner will be required to obtain a Wetland/Watercourse Permit from the Planning Board prior to the start of work.*

Asbestos Abatement Required: Yes***, Contractor Name: _____
License Number: _____
 No

**** In the event that abatement is required, work must be done by a licensed asbestos abatement contractor and a final report must be submitted prior to the issuance of a Certificate of Occupancy.*

Fee Details

<i>Application Fee</i>	\$75.00
<i>Permit Fee</i>	\$75.00
<i>Certificate of Compliance</i>	\$50.00
	\$200.00

Applicant Certification

I, _____, do hereby certify that the above statements are true to my knowledge
Applicant Name
and belief, and that the proposed construction does not violate any Zoning Ordinance law or regulation.

Applicant Signature: _____ **Date:** ____/____/____

Code Enforcement Office

Approved _____
CEO
 Denied _____
CEO

Reason for Denial: _____