

**OFFICE OF CODES ENFORCEMENT OFFICER
TOWN OF PATTERSON
1142 ROUTE 311 P O BOX 470
PATTERSON, NEW YORK 12563
(845) 878-6319**

DEMOLITION PERMIT APPLICATION

Date _____ 20_____ Demolition Permit No. _____ Zone District _____

E-911 Address of Premises _____

Tax Map Number _____

OWNER _____

ADDRESS _____ PHONE No. _____

Name & No. of Put. Co. Licensed Contractor (if applicable) _____

Address _____ PHONE No. _____

Contractor's Insurance Co. Name & Address _____

Insurance Certificate _____

Licensed Put. Co. Plumber (if applicable) _____

Licensed Put. Co. Electrician (if applicable) _____

Type of Building to be Demolished: Residential _____ Commercial _____ Industrial _____

TYPE OF MATERIAL TO BE DEMOLISHED

Stone	Bricks	Septic Fields	Steel	Oil Tank
Concrete	Asbestos	Cement Floor	Glass	Gas Connection
Blocks	Septic Tank	Wood	Macadam	Electric Connection

Asbestos abatement report attached. Yes _____ No _____

Licensed Asbestos Abatement Contractor _____ License No. _____

Is structure within 50 feet of wetlands? Yes _____ No _____ If yes, Wetland Permit No. _____

Demolition Permit will be good for 60 days without written authorization for extension.

Foundation void is to be filled with clean fill. Site **MUST** be protected to prevent unauthorized entry daily. **ALL C & D MATERIAL** is to be removed from site. Site is to be restored to grading consistent with natural contours of property. Site is to be inspected by the Building Inspector prior to and at completion of all work.

I, _____ the applicant, do hereby certify that the above statements are true to my knowledge and belief and the proposed DEMOLITION does not violate any Zoning Ordinance Law or Regulation.

Signature of Applicant _____

Application Fee \$ _____ TOTAL FEE \$ _____ Receipt No. _____

Codes Enforcement Officer