DEMOLITION PERMIT

Application Date:_____

Expiration Date: _____

Permit#_____

Application#_____

Zone: _____

Permit Fee: _____

Town of Newfane
Building Inspector/Code Enforcement
2737 Main Street
Newfane, NY 14108
(716)778-5947 ext. 106
www.townofnewfaneny.gov

INSTRUCTIONS

The undersigned herby makes application for the work indicated on this form and required documentation. This application is to be reviewed by the code enforcement official, whose review will be based on the supplied documentation. The permit will be issued when:

- *All the following notes are addressed.*
- *Contractors' insurances are on file.*
- *Permit fees are paid.*

Incomplete applications will not be accepted

COMPLETE PERMIT PACKAGE CHECKLIST

☐ Completed Application ☐ Survey map, showing structures to be removed ☐ Contractor Insurance Certificates

APPLICATION INFORMATION

Address of Job Site _____ Work Start Date _____

SBL #_____ Estimated Value of Work _____

Project Info: How will debris be disposed of _____

OWNER'S NAME _____

OWNER'S MAILING ADDRESS_____ **Phone#** _____

CITY/STATE/ZIP_____ **Email** _____

CONTRACTOR_____ **Phone #**_____

CONTRACTOR ADDRESS_____ **Email**_____

The building permit information is hereby made to the building department for the issuance of a building permit pursuant to the Building Codes of New York State for the construction of buildings, additions or alterations as described. **The applicant agrees to comply with all applicable laws, ordinances, regulations and will call for inspections as stated on the back of the Building Permit Poster. The building shall not be occupied in whole or in part for any purpose whatsoever until a CERTIFICATE OF OCCUPANCY has been issued by the building inspector.** The building permit is valid for one year from the date on the building permit.

BUILDING OWNER CERTIFICATION

To be signed by owner (if not applicant) submit by signed letter

I, _____, hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand I cannot occupy or use area of work until completed and final certificates are issued by the Town of Newfane. I further understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local Zoning code.

Signature of Owner/title: _____ Date: _____