

# VILLAGE OF RICHFIELD SPRINGS

Tel: (315) 858-1710 • Fax: (315) 858-9202  
www.villageofrichfieldsprings-ny.com

Application Year and No. \_\_\_\_\_

Tax Map/Parcel No. \_\_\_\_\_

## COMMERCIAL APPLICATION FOR LOCAL DEMOLITION PERMIT

The undersigned requests a Demolition Permit for the following to be issued on the basis of the representations herein. Permit will be void in the event of any misrepresentation. Once application is approved submit to Otsego County Code Department.

Property Owner \_\_\_\_\_ Address \_\_\_\_\_ Ph \_\_\_\_\_

Proposed work address \_\_\_\_\_ Zoning District? \_\_\_\_\_

Lot size \_\_\_\_\_ (sq.ft. or acres) Is there water/sewer hookup? \_\_\_\_\_

Building/Structure Size (FT) Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Stories \_\_\_\_\_

Demo Company Name/Address \_\_\_\_\_ Ph: \_\_\_\_\_

Define Scope of Work \_\_\_\_\_

Where will debris be disposed? \_\_\_\_\_ Expected Start/End Dates \_\_\_\_\_

Per Village Code §275-19, application must be submitted with the following from contractor:

- 1. **\$50.00 Check/Money Order made out to The Village of Richfield Springs**
- 2. **Certificate of Liability Insurance** naming the Village insured for \$500,000/\$1,000,000
- 3. **Surety Bond** in the amount of the project costs stating work will be done with debris removed and lot filled to lot level within 60 days from approval date of this permit.
- 4. **Worker's Comp Insurance** proof of, or an affidavit exempting contractor from which.  
(Can be obtained online at [www.wcb.ny.gov](http://www.wcb.ny.gov))

Special Comments \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

This application together with necessary documentation will be presented at the next Board Meeting. A copy the Board's determination can be picked up at the Village Office the next business day.

APPROVED  NOT APPROVED  Permit expires one year from approved date.

Comments: \_\_\_\_\_

\_\_\_\_\_  
Robin Moshier, Mayor

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