

Tax Map/Parcel Number: Section _____ Block _____ Lot _____

*All applications to be filed under the Tax Map/Parcel Number

VILLAGE OF RICHFIELD SPRINGS

Tel: (315) 858-1710 • Fax: (315) 858-9202

www.villageofrichfieldsprings-ny.org

Application Year and No. _____

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 voided in the event of any misrepresentation. The County will issue demo permits only if this approved application is granted.

Name _____ Ph _____ Address _____ RS 13439

Proposed work address _____ What is it zoned for? _____

What building(s) or structures are to be demolished? _____

Building/Structure Size (FT) Length _____ Width _____ Height _____ Stories _____

Lot size _____ (sq.ft. or acres)

Who will demolish the structure _____ Ph _____

Where will debris materials be disposed _____

Per Village Code, application must be submitted with the following from contractor:

- 1. **Certificate of Liability Insurance** naming the Village insured for \$500,000/\$1,000,000
- 2. **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.
- 3. **Worker's Comp Insurance** proof of, or an affidavit exempting contractor from which.
(Can be obtained online at www.wcb.ny.gov)

Applicant 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: _____

Comments: _____

Mayor Robin Moshier

Date: