



# VILLAGE of RICHFIELD SPRINGS

Phone: 315-858-1710 Fax: 315-858-9202  
www.villageofrichfieldsprings-ny.com

## PRE-DEMOLITION APPLICATION

Owner \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Building(s) / Structure(s) being demolished \_\_\_\_\_ Tax Map # \_\_\_\_\_

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

Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Projected Cost \$ \_\_\_\_\_

Where will debris materials be disposed \_\_\_\_\_

**VILLAGE CODE §275-19 compliance.** Owner or contractor must provide proof of insurance with application:

- 1. **Certificate of Liability Insurance** Village as Certificate holder and Additional Insured limits \$500,000/\$1,000,000
- 2. **Certificate of Workers Comp Self-Insurance.** (Can be obtained online at [www.wcb.ny.gov](http://www.wcb.ny.gov) )
- 3. **Surety Bond or Security Deposit** in the amount of projected cost to cover compliance.

- 1. Work shall be adequately watered to control dust
- 2. Prior to backfilling an inspection shall be made to assurance compliance with Village Code.

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

**PROCEED TO COUNTY**

**NOT APPROVED**  \_\_\_\_\_

Application expires 60 days from approval date.

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

\_\_\_\_\_  
Date

(Office Use Only)

**WWTP / WTP / DPW** Please Confirm with initials:

Water Off \_\_\_\_\_ Meter Removed \_\_\_\_\_ Sewer Capped \_\_\_\_\_ Inspected pre-backfill \_\_\_\_\_ Date \_\_\_\_\_