



Town of Corinth

Building Dept
600 Palmer Ave
Corinth NY, 12822

Permit # _____

Issued Date _____

Expiration Date _____

Demolition Permit Application

ALL DEMOLITION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "TOWN OF CORINTH ORDINANCE".

Albert Brooks Sr.
Code Enforcement Officer
Phone: (518) 654-9232 ext 6
Fax #: (518) 654-7751
Email: abrooks@townofcorinthny.com



GENERAL INFORMATION

Tax Map No. _____ Ownership: Private _____ Public _____
PDD/Subdivision Name _____
Variance No. _____ Site Plan No. _____

APPLICANT INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Ext. _____ Email Address _____

PROPERTY OWNER INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Ext. _____ Email Address _____
Liability/Home Owners Insurance Carrier _____ Policy# _____

TYPE OF BUILDING TO BE DEMOLISHED

Residential:___ Single Family:___ Two Family___ Garage___ Other_____
Commercial:___ Business___ Industrial___ Storage___ Institutional___ Other_____
No. of Stories:_____ Type of Foundation: Slab___ Crawl Space___ Full Basement___
Foundation: Will Be Replaced___ Will Not Be Replaced___
Building(s): Will Be Replaced___ Will Not Be Replaced___

UTILITIES

Natural Gas___ Propane___ Fuel/Kerosene___ Electric___ Public Water___ Public Sewer___
Have you notified all applicable agencies and/or proper authorities for disconnect? Yes___ No___

ASBESTOS INFORMATION

Is there any asbestos in the building/structure suspected or confirmed? Yes___ No___
Is the person/firm responsible for demolition licensed for asbestos abatement? Yes___ No___
Name/Address/License #: _____
Where will the asbestos material be disposed? _____

ARCHITECT/ENGINEER INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Phone # _____ Ext. _____ Email Address _____
Professional License Number _____ State _____



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CONTRACTOR INFORMATION

Name _____ Position _____ Organization _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Ext. _____ Email Address _____

****Attach Current Liability and Disability Insurance Binders****

SUBCONTRACTOR NAME, ADDRESS, PHONE # & EMAIL ADDRESS If needed, attach a list.

COST AND FEES

Estimated Cost of Project \$ _____ Demolition Permit Fee \$55.00

INFORMATION TO BE NOTED

- If property is in the Adirondack Park, a letter of determination is needed from the A.P.A.
- Code of the Town of Corinth § 63-10
 - o Inspections. The Building Inspector or Code Enforcement Officer shall have the authority to inspect, at reasonable times, any private or public property for the purpose of investigating conditions relative to enforcement of this chapter, the New York State Uniform Fire Prevention and Building Codes.

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the TOWN ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

SIGNATURE _____

DATE _____

Property Owner or Owner's Agent

When and if permit is granted, all permits must be posted in full view of a public right of way on location where construction is taking place.

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION ON APPLICATION

Permit Granted Date _____ Signed _____

Permit Denied Date _____ Signed _____

Reason for Denial _____

Variance/ Special Permit Requested By _____ Date _____

Variance/ Special Permit Granted By _____ Date _____

Certificate of Occupancy Granted By _____ Date _____

Certificate of Compliance Granted By _____ Date _____