TOWN OF MARCELLUS

CODE ENFORCEMENT OFFICE

24 East Main Street Marcellus NY 13108 315-673-3269 Fax: 315-673-9102

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DEMOLITION PERMIT APPLICATION PROCEDURE

TOWN OF MARCELLUS

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DEMOLITION PERMIT APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner:		Day Time	Day Time Phone:	
Project Address:				
Tax Map Number: Zoned:			Subdivision Name:	
Description of the proposed demolition:				
Dimensions of structure to be demo	olished: Width:	Length:	Sq. Footage:	
			st of demolition: \$	
Is the project in a flood hazard zone? Will there be a disturbance of one or more acre of soil?				
Contractor Information				
Asbestos Survey:		Contact:	Phone:	
Asbestos Abatement:		Contact:	Phone:	
Demolition:		Contact:	Phone:	
Demolition Contractor Address:				
 Calling 811before bringing heavy equipment on site or excavating. Erosion, runoff, and siltation control measures in accordance with New York State guidelines. Dust, mud, and debris control on public highways. Maintaining fire department access to the site and maintaining fire extinguishers when required. Proper waste disposal. Reclamation, including suitable replacement of ground cover, topsoil and seeding. 				
Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of the Fire Code of New York State, Department of Environmental Conservation, Department of Labor and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations. Inspections Required: I understand I am responsible to ensure that the erosion, runoff and siltation control measures are in place and maintained and that in no case shall work commence until such measures have been approved by the code enforcement officer. Any sewer disconnection is to be inspected prior to backfilling. Consent To Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.				
SIGNATURE OF OWNER OF PREMISES:			DATE:	
Official Use Only				
Date Completed:	Date Approved:	Approved B	By:	
Application No.:	Date Denied:	Denied By:		
FMV:	Date Notified:			
Fee:	Reason Denied:			