



DEMOLITION APPLICATION

742 Bay Road, Queensbury, NY 12804
P: 518-761-8256 www.queensbury.net

Office Use Only

Permit #: _____

Permit Fee: \$ _____

Invoice #: _____

Flood Zone? Y N Reviewed By: _____

Demolition Location: Tax Map ID #:

****AN ASBESTOS REPORT IS REQUIRED WITH ALL DEMOLITION APPLICATION SUBMISSIONS****

DEMOLITION INFORMATION:

1. Where will demolition material be disposed?
2. Type of structure to be demolished:

a. Residence	d. Storage Building <input type="checkbox"/>
b. Garage <input type="checkbox"/>	e. Other:
c. Business <input type="checkbox"/>	
3. What type of utilities are connected to the structure:

a. Gas <input type="checkbox"/>	f. Well-Water Pump <input type="checkbox"/>
b. Fuel Oil <input type="checkbox"/>	g. Public Sewer <input type="checkbox"/>
c. Propane <input type="checkbox"/>	h. Other
d. Electric <input type="checkbox"/>	i. None <input type="checkbox"/>
e. Public Water <input type="checkbox"/>	
4. Have ALL utilities (water, electric, etc.) been disconnected? Yes No

ADDITIONAL INFORMATION:

1. Two inspections **may be** required: an inspection to determine that utilities are disconnected, if necessary, and a final inspection, after the structure is removed and the site is cleaned up and graded.
2. **Twenty-four (24) hour notification is required for inspections.**
3. Workers' Comp insurance information is required to be submitted with this application.

Declaration: I acknowledge that no structure(s) will be removed from the parcel until the demolition application has been reviewed and approved by the Town of Queensbury Building & Code Enforcement and Zoning Departments and a permit has been issued.

I have read and agree to the above:

PRINT NAME:

SIGNATURE: _____ DATE: _____

CONTACT INFORMATION: PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

- **Applicant:**

Name(s):

Mailing Address, C/S/Z:

Cell Phone: Land Line:

Email:

- **Primary Owner(s):**

Name(s):

Mailing Address, C/S/Z:

Cell Phone: Land Line:

Email:

Check if all work will be performed by property owner only

- **Contractor:** (List all additional contractors on the back of this form)

Contact Name(s):

Contractor Trade:

Mailing Address, C/S/Z:

Cell Phone: Land Line:

Email:

****Workers' Comp documentation must be submitted with this application****

Contact Person for any questions regarding this project:

Cell Phone: Land Line:

Email: