



DEMOLITION APPLICATION

Town of Queensbury
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 _____
b. Garage _____	e. Other: _____
c. Business _____	
3. What type of utilities are connected to the structure:

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

ADDITIONAL INFORMATION:

1. **Two inspections are required:** an inspection to determine that utilities are disconnected, 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: _____