

**TOWN OF LAGRANGE  
APPLICATION FOR PERMIT**

**DEMOLITION  
RESIDENTIAL/COMMERCIAL**

**Office Use Only**

OWNER \_\_\_\_\_ GRID NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_

*Instructions: Applicant Completes Sections A1-A4 of this form. Section B of this form to be completed by the Building & Zoning Office.*

**SECTION A1: APPLICANT & PROPERTY INFORMATION**

Owner \_\_\_\_\_ 911 Address \_\_\_\_\_  
Mailing Address (If different) \_\_\_\_\_  
Applicant Name (if other than owner, written consent from owner required) \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION A2: PROJECT INFORMATION**

Type of Use       RESIDENTIAL       COMMERCIAL

Type of Demolition       PRINCIPAL BUILDING       INTERIOR (ONLY)       ACCESSORY BUILDING  
                                  TANK ABANDONMENT       TANK REMOVAL       POOL  
                                  SHED       DECK       OTHER

Reason for Removal       FIRE DAMAGE       DISREPAIR       CODE COMPLIANCE

Describe Proposed Demolition \_\_\_\_\_  
Cost of Demolition \$ \_\_\_\_\_

**SECTION A3: ATTACHED HERETO, I SUBMIT THE FOLLOWING DOCUMENTS:**

- PHOTOS OF STRUCTURES TO BE REMOVED
- PROOF OF WORKER'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER
- CONSENT OF OWNER
- DEC LICENSE (IF REQUIRED BY THE STATE)
- ENVIRONMENTAL REPORT
- EPA LICENSE (IF REQUIRED BY THE STATE)
- OTHER (EXPLAIN) \_\_\_\_\_

**SECTION A4: APPLICATION SUBMISSION & ACKNOWLEDGEMENT**

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF BUILDING, ZONING AND FIRE PREVENTION PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT/OWNER AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT/OWNER \_\_\_\_\_ DATE \_\_\_\_\_  
(Must be signed in office)

**SECTION B: OFFICE USE ONLY**

PAYMENT RECEIVED \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_

# TOWN OF LAGRANGE

## OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, NY12540  
Phone 845 – 452-1872 Fax 845 – 452-7692

### DEMOLITION PERMIT

#### BUILDINGS, STRUCTURES, POOLS & OIL TANKS

#### DEMOLITION PERMIT APPLICATION INFORMATION

The following instructions will provide assistance in filling out an application for a Demolition Permit. To avoid unnecessary delays in obtaining a Demolition Permit all the following items shall be provided.

1. **DEMOLITION PERMIT APPLICATION** – The application must be completed and signed by the owner of the property. When the applicant is not the owner, **a letter of authorization** from the owner allowing the applicant to sign and obtain the Demolition Permit on their behalf, **is required**.
2. **PHOTOS OF STRUCTURE(S) TO BE REMOVED** – The applicant shall bring in photographs showing the structure(s) to be demolished and removed.
3. **DEC PERMIT FOR CONTAMINATED SOILS** – This only applies in the event a fuel storage tank failed and a spill has occurred.
4. **EPA LICENSE** – This only applies to removal of large fuel storage tanks (i.e. 15,000 gallon tanks at gas stations.)
5. **WORKER'S COMPENSATION** – Worker's compensation insurance form #U26.3 or C105.2 shall be required by contractors performing work for homeowners/businesses. (Note: New York State **will not accept** ACORD liability forms as proof of workman's compensation insurance.)
6. **FEES PAID** – Fees shall be paid in accordance with the Standard Schedule of Fees as adopted by the Town Board.

TOWN OF LAGRANGE  
OFFICE OF THE BUILDING INSPECTOR  
120 Stringham Road, LaGrangeville, NY 12540  
845-452-1830

**PROPERTY OWNER'S ENDORSEMENT**

(To be completed if the person applying for this permit is not the property owner)

State of New York

County of \_\_\_\_\_

I hereby certify that I \_\_\_\_\_ am the Homeowner/Owner in fee  
(Name)  
of property at \_\_\_\_\_ in the Town of LaGrange.  
(Address)

I also hereby authorize \_\_\_\_\_ of \_\_\_\_\_  
(Agent) (Company)

To make application for a permit to perform said work in the foregoing application.

\_\_\_\_\_  
(Owner in Fee) (Date)

I \_\_\_\_\_ being duly sworn, deposes and says that he/she is  
(Agent)  
Representative of \_\_\_\_\_ and is authorized by the  
(Company)

owner to obtain permits and perform said work in the foregoing application and plans that all statements contained therein are true to the deponent's own knowledge.

\_\_\_\_\_  
(Applicant/Agent)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**TOWN OF LAGRANGE**

**APPLICATION FOR CERTIFICATE OF OCCUPANCY/COMPLIANCE**

<b>Office Use Only</b>		
OWNER _____	GRID NO. _____	ADDRESS _____

**APPLICANT AND PROPERTY INFORMATION**

APPLICANT'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNER OF RECORD (IF OTHER THAN APPLICANT) \_\_\_\_\_

**PROJECT INFORMATION**

911 ADDRESS \_\_\_\_\_

COMPLETED PROJECT (DESCRIPTION) \_\_\_\_\_

BUILDING/MECHANICAL/DEMOLITION PERMIT NO. \_\_\_\_\_

**APPLICATION SUBMISSION & ACKNOWLEDGEMENT**

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SIGNATURE OF APPLICANT/OWNER \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE FILL OUT, SIGN, AND NOTARIZE THE AFFIDAVIT OF COMPLETION OF CONSTRUCTION**

**OFFICE USE ONLY**

PAYMENT RECEIVED \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_

**AFFIDAVIT OF COMPLETION OF CONSTRUCTION**

**FOR**

**ALL PROJECTS OTHER THAN NEW SINGLE-FAMILY RESIDENCE**

TO BE FILLED OUT UPON COMPLETION OF THE PROJECT

STATE OF NEW YORK  
COUNTY OF DUTCHESS

\_\_\_\_\_, BEING DULY SWORN, DEPOSES AND SAYS: THAT  
applicant or owner (please print)

HE/SHE IS THE APPLICANT OR OWNER NAMED IN THE APPLICATION FOR BUILDING/MECHANICAL PERMIT NO. \_\_\_\_\_ DATED \_\_\_\_\_ RELATING TO CONSTRUCTION OR OTHER WORK TO BE PERFORMED ON, OR IN CONNECTION WITH, THE PREMISES LOCATED AS INDICATED ON THE APPLICATION;

APPLICANT/OWNER STATES THAT HE (SHE) HAS EXAMINED THE APPROVED PLANS AND THAT TO THE BEST OF HIS(HER) KNOWLEDGE AND BELIEF, THE STRUCTURE HAS BEEN ERECTED IN ACCORDANCE THEREWITH AND IN ACCORDANCE WITH APPLICABLE PROVISION OF THE LAW.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC