

# TOWN OF LAGRANGE

## APPLICATION FOR DEMOLITION PERMIT

### IDENTIFICATION OF APPLICANT:

NAME OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

PARCEL GRID NO. \_\_\_\_\_ 911 ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICANT'S NAME (If other than owner) \_\_\_\_\_ PHONE \_\_\_\_\_  
(written consent must be received from owner)

### DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION

**TYPE OF WORK :**     RESIDENTIAL             COMMERCIAL             FIRE DAMAGE

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- |   |                                       |   |                                      |
|---|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> STRUCTURE        | <input type="checkbox"/> BUILDING     | <input type="checkbox"/> INTERIOR(ONLY) | <input type="checkbox"/> FIRE DAMAGE |
| <input type="checkbox"/> TANK ABANDONMENT | <input type="checkbox"/> TANK REMOVAL | <input type="checkbox"/> OTHER          |                                      |

**DESCRIBE PROPOSED DEMOLITION:** \_\_\_\_\_

ESTIMATED COST \$ \_\_\_\_\_

### ATTACHED HERETO & MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENT(S):

- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER
- PHOTOS OF STRUCTURE (S) TO BE REMOVED             OTHER
- EPA LICENSE
- DEC LICENSE

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, AND BUILDING & PUBLIC WORKS 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 AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

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

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### OFFICE USE ONLY

ZON. FEE \$ \_\_\_\_\_ ADMIN. FEE \$ \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_ DATE \_\_\_\_\_ DEMOLITION PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_