

# 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

- STRUCTURE                       BUILDING             INTERIOR(ONLY)                       FIRE DAMAGE  
 TANK ABANDONMENT                       TANK REMOVAL                       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 \_\_\_\_\_