

**TOWN OF LAGRANGE
APPLICATION FOR PERMIT**

**DEMOLITION
RESIDENTIAL/COMMERCIAL**

Instructions: Applicant Completes Sections A1-A4 of this form.

GRID NO. _____

SECTION A1: APPLICANT & PROPERTY INFORMATION

Owner _____ 911 Address _____

Owner Phone No. _____ Email Address _____

Mailing Address (if different) _____

Applicant Name (if other than owner) _____

NOTICE: If the applicant is other than the owner, The Town of LaGrange Property Owner's Endorsement form is required.

Applicant 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 _____

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
- TOWN OF LAGRANGE PROPERTY OWNER'S ENDORSEMENT FORM
- 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, 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.

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, THAT THE INFORMATION ON THIS STATEMENT SET FORTH IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT MY ACTIONS COULD CAUSE REVOCATION OF THIS PERMIT SHOULD ANY PART OF THIS SUBMITTAL BE FALSE.

SIGNATURE OF APPLICANT/OWNER _____ DATE _____

PRINT NAME _____

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

PROPERTY OWNER'S ENDORSEMENT

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

_____ says that he (she) is the owner of
(Property Owner)

_____ in the
(Property Address)

Town of LaGrange in the County of Dutchess, in the State of New York, that he (she) is the owner in fee of all that certain lot, piece of parcel of land situated, lying and being in the Town of LaGrange, that he (she) authorizes in his (her) behalf and that the statements of fact contained in said application are true.

I also hereby authorize _____ of _____
(Applicant/Agent) (Company)

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

I hereby affirm, under penalty of perjury, that the information on this statement set forth is true, accurate and complete to the best of my knowledge and I understand that my actions could cause revocation of this permit at any time should complaints be received.

(Signature of Property Owner)

(Date Signed)

(Property Owner Name Printed)

(Phone Number)

TOWN OF LAGRANGE

APPLICATION FOR CERTIFICATE OF OCCUPANCY/COMPLIANCE

Office Use Only		
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 OF PROPERTY _____

COMPLETED PROJECT (DESCRIPTION) _____

BUILDING/MECHANICAL/DEMOLITION PERMIT NO. _____

APPLICATION SUBMISSION & ACKNOWLEDGEMENT

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SIGNATURE OF APPLICANT/OWNER _____ DATE _____

PRINT NAME _____