

# DEMOLITION PERMIT APPLICATION



TOWN OF EDEN BUILDING DEPARTMENT  
2795 EAST CHURCH STREET  
EDEN, NY 14057

TEL: 716-992-3576  
FAX: 716-992-4131  
EMAIL: Building@edenny.gov

**APPLICATION MUST BE COMPLETELY FILLED OUT** (incomplete applications will **NOT** be accepted)

## 1. OWNER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
APPLICANT IS:  Owner  Contractor  Agent  Engineer  Other (specify) \_\_\_\_\_

## 2. CONTACT INFO (if same as above list "same")

Owner  Contractor  Other \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE #1 \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE #2 \_\_\_\_\_

## 3. CONTRACTOR INFORMATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## 4. PROPOSED PROJECT (check all that apply)

NEW BUILDING  ADDITION  ALTERATION  CHANGE OF USE  REPAIR  
 DEMOLITION  RELOCATION  SPECIAL PERMIT  OTHER \_\_\_\_\_

## 5. PROPERTY DEED (copy only)

Showing ownership of property.

## 6. CONTRACTOR WORK

Are wages being paid for performance of this work (are you hiring a Contractor?)  YES  NO

IF YES, provide proof of NYS Worker's Compensation and NYS Disability benefits.

### **ACCEPTABLE PROOF FORMS-**

- NYS Disability Form DB121.1
- Workers Compensation Form C105.2 or U-26.3
- CEE 200 for NYS Disability & Workers Compensation Exemption

## 7. STARTED WORK

Has any work included in the application been started or completed YES  NO  If YES Explain

## 8. APPLICATION CERTIFICATION:

In consideration of the permit applied for, the undersigned hereby agrees that he/she will comply with the Code of New York, Town of Eden Code and any other laws which may be applicable that he/she will preserve the establishment of lot lines, disclose all information to the Code Enforcement Officer, and that he/she will not use nor permit to be used the structure by the application until a Certificate of Occupancy (CO) or Certificate of Compliance (C/C) is legally issued.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. INCLUSIONS:**

All documents and information required on the provided checklist **MUST** be submitted with this application.

<b>FOR OFFICE USE ONLY – Application to be submitted to the Town of Eden Clerks Office</b>	
Permit Fee \$50.00 plus \$100.00 per 1000 sq. ft. = \$ _____	
<b>Payment must be made by Cash, Check or Credit Card      Check made payable to the Eden Town Clerk</b>	
Date Received by Clerk _____	Amount Credited \$ _____ Cash ___ CC___ Check # _____
Application # _____	Amount Due \$ _____ Cash ___ CC___ Check # _____

BUILDING PERMIT APPLICATION CHECKLIST FOR - DEMOLITION

All of the following items **MUST** be submitted with this application in order to obtain a Building Permit

- Completed BUILDING PERMIT APPLICATION form
- Copy of an accurate survey showing building / portion of building to be demolished.
- Copy of deed showing ownership of property