

CITY OF GLEN COVE BUILDING DEPARTMENT

DEMOLITION
PERMIT APPLICATION FORM

Issued pursuant to the provisions of the New York State Construction Code and the City of Glen Cove Building / Zone Ordinance.

NOTE: This application shall be submitted in duplicate together with assessor sheets. Applicant agrees that the Director of the Building Department and any person authorized by him has the right to entry at any time hereafter until the completion and final approval of work performed. All debris, including footings and foundations, must be removed from the premises. Evidence that all utilities have been removed must be presented prior to issuance of demolition permit and certification from Nassau County Department of Health that premises are free of rodent infestations. This shall constitute the beginning of the Building Construction + Permitting process and applicant has the requisite allowable duration to complete the project as outlined in Chapter 111, Article II, Section 111-11

Date: PERMIT NO:

Owner:

Address: Phone:

Contractor:

Address: Phone:

Location of Work / Building to be Demolished:

Areas and/or Type Building to be Demolished:

Section Block Lot

USE: () PUBLIC () RESIDENCE () ACCESSORY () MULTI-DWELLING () INDUSTRIAL () COMMERCIAL () OTHER

UTILITIES REMOVED: () GAS () WATER () SEWER () ELECTRIC

DATE ALL UTILITIES REMOVED:

RODENT CONTROL: DATE OF LETTER RECEIVED:

ASBESTOS: ***** A letter from a certified asbestos abatement company is to be submitted prior to issuance of permit.

Repair, clean-up, and disposal of all asbestos material shall be in accordance with OSHA regulations, in conjunction with the rules and regulations of all other applicable governmental agencies, including but not limited to, the (EPA) Environmental Protection Agency, the Department of Environmental Quality, and the State Public Health Department.

No. of Stories: If Dwelling - How Many Families:

Size of Lot: Width Depth

Type of Demolition Work to be Performed:

Remaining Building: Remaining Building Use:

INSURANCE: WORKMAN'S COMPENSATION AND DEMOLITION LIABILITY INCLUDING THE CITY OF GLEN COVE, AS ADDITIONAL INSURED MUST BE SUBMITTED WITH THIS APPLICATION.

STATE OF NEW YORK
COUNTY OF NASSAU:

Being duly sworn, deposes and says he is the owner in fee / duly authorized agent of the property described in the foregoing application and that the statements contained therein are true to the best of his knowledge and belief.

Sworn to me this day of 20

Notary Public

SIGNATURE DATE
(Owner / Agent / Applicant)

APPROVED DATE