



**Town of Corinth**

Building Dept  
600 Palmer Ave  
Corinth NY, 12822

Permit # \_\_\_\_\_

Issued Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Demolition Permit Application**

**ALL DEMOLITION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "TOWN OF CORINTH ORDINANCE".**

Albert Brooks Sr.  
Code Enforcement Officer  
Phone: (518) 654-9232 ext 6  
Fax #: (518) 654-7751  
Email: abrooks@townofcorinthny.com



**GENERAL INFORMATION**

Tax Map No. \_\_\_\_\_ Ownership: Private \_\_\_\_\_ Public \_\_\_\_\_  
PDD/Subdivision Name \_\_\_\_\_  
Variance No. \_\_\_\_\_ Site Plan No. \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_  
Liability/Home Owners Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

**TYPE OF BUILDING TO BE DEMOLISHED**

Residential: \_\_\_ Single Family: \_\_\_ Two Family \_\_\_ Garage \_\_\_ Other \_\_\_\_\_  
Commercial: \_\_\_ Business \_\_\_ Industrial \_\_\_ Storage \_\_\_ Institutional \_\_\_ Other \_\_\_\_\_  
No. of Stories: \_\_\_\_\_ Type of Foundation: Slab \_\_\_ Crawl Space \_\_\_ Full Basement \_\_\_  
Foundation: Will Be Replaced \_\_\_ Will Not Be Replaced \_\_\_  
Building(s): Will Be Replaced \_\_\_ Will Not Be Replaced \_\_\_

**UTILITIES**

Natural Gas \_\_\_ Propane \_\_\_ Fuel/Kerosene \_\_\_ Electric \_\_\_ Public Water \_\_\_ Public Sewer \_\_\_  
Have you notified all applicable agencies and/or proper authorities for disconnect? Yes \_\_\_ No \_\_\_

**ASBESTOS INFORMATION**

Is there any asbestos in the building/structure suspected or confirmed? Yes \_\_\_ No \_\_\_  
Is the person/firm responsible for demolition licensed for asbestos abatement? Yes \_\_\_ No \_\_\_  
Name/Address/License #: \_\_\_\_\_  
Where will the asbestos material be disposed? \_\_\_\_\_

**ARCHITECT/ENGINEER INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_  
Professional License Number \_\_\_\_\_ State \_\_\_\_\_



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**CONTRACTOR INFORMATION**

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address \_\_\_\_\_

**\*\*Attach Current Liability and Disability Insurance Binders\*\***

**SUBCONTRACTOR NAME, ADDRESS, PHONE # & EMAIL ADDRESS** If needed, attach a list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COST AND FEES**

Estimated Cost of Project \$ \_\_\_\_\_ Demolition Permit Fee \$35.00

**INFORMATION TO BE NOTED**

- If property is in the Adirondack Park, a letter of determination is needed from the A.P.A.
- Code of the Town of Corinth § 63-10
  - o Inspections. The Building Inspector or Code Enforcement Officer shall have the authority to inspect, at reasonable times, any private or public property for the purpose of investigating conditions relative to enforcement of this chapter, the New York State Uniform Fire Prevention and Building Codes.

**I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the TOWN ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Property Owner or Owner's Agent

**When and if permit is granted, all permits must be posted in full view of a public right of way on location where construction is taking place.**

**BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT**

**ACTION ON APPLICATION**

Permit Granted Date \_\_\_\_\_ Signed \_\_\_\_\_  
Permit Denied Date \_\_\_\_\_ Signed \_\_\_\_\_  
Reason for Denial \_\_\_\_\_

Variance/ Special Permit Requested By \_\_\_\_\_ Date \_\_\_\_\_  
Variance/ Special Permit Granted By \_\_\_\_\_ Date \_\_\_\_\_  
Certificate of Occupancy Granted By \_\_\_\_\_ Date \_\_\_\_\_  
Certificate of Compliance Granted By \_\_\_\_\_ Date \_\_\_\_\_