



Town of Darien Building

DEMOLITION PERMIT APPLICATION

Date: _____ Permit # _____ Tax Map # _____

Owner's Name: _____

Property Address: _____

Applicants Name(s): _____ Phone: _____

Applicants Address: _____ Town: _____

Structure to be Demolished: _____ Sq. Footage: _____ Height: _____

Location of Debris Disposal: _____

All Excavations must be backfilled with clean suitable / acceptable compacted fill.

Contractor: _____

NAME	ADDRESS	PHONE
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Contractors Insurance expiration date: _____

Contractor / Applicate Must contact: _____ **Date & Person Contacted:** _____

- Gas / Propane / Oil _____
- Monroe County Water _____
- Town Darien Highway _____
- Genesee County Health Dept. _____
- Dig-Safe-New York _____

A copy of the asbestos survey must be provided to the Building Dept. prior to issuance of demolition permit.

In accordance with NYCRR 56-5.1, AN **ASBESTOS SURVEY** MUST BE PREFORMED PRIOR TO DEMOLITION EXCEPT FOR:

- 1.0 Agricultural buildings
- 2.0 Buildings constructed on or after January 1, 1974
- 3.0 Structures certified to be unsafe, **but it shall be assumed to contain asbestos and shall be demolished per 12 NYCRR Part 56-5.1 (c).**

ALL OF THE ABOVE MUST BE COMPLETED PRIOR TO APPROVAL

-----office use only-----

Demolition Fee \$ 75.00 (Fee waived if part of new construction permit)

Date: _____ ZEO approval signature: _____

Date: _____ CEO / Building Inspector signature: _____

Date: _____ Check # _____ Clerk signature: _____