

TOWN OF GLENVILLE
18 Glenridge Road, NY 12302-4518
(518) 688-1200, Ext. 405 ~ Fax (518) 384-0140
www.townofglenville.org

**APPLICATION FOR
~DEMOLITION ~**

Date _____

➤ **Building Site Address** _____

➤ **Commercial** OR **Residential** (circle one)

➤ **Size Of Structure To Be Demolished** _____

➤ **Utilities** (disconnection dates and verification forms for the following must be provided with this application)

Gas _____ Electricity _____

Water _____ Sewer/Septic _____

➤ **Property Owner's Name** _____ **Phone** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

➤ **Contractor's Name** _____ **Phone** _____

(Certificate of workers compensation and disability insurance must be provided)

Mailing Address _____

City _____ **State** _____ **Zip** _____

➤ **APPLICANT'S CERTIFICATION:**

I certify that the construction plans and all other information submitted as part of this permit application are accurate.

ESTIMATED VALUE OF ALL WORK (labor and materials) \$ _____

SIGNATURE OF PROPERTY OWNER _____

(Contractor signature accepted with a copy of the signed agreement with the property owner)

FOR OFFICE USE ONLY: (Utility Disconnect Must be Verified Prior to Issuance)

Date Approved: _____ Fee: _____

Authorized Signature: _____

Notes or Comments: _____
