

Town of Glenville Building Dept.  
18 Glenridge Road, Glenville, NY 12302  
Phone: (518) 688-1200 ext. 8  
Fax: (518) 384-0140



**Building Permit Application**  
**~~ Demolition ~~**

Permits valid for 90 days from issuance

Date Received: \_\_\_\_\_

Fees: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Site Address: \_\_\_\_\_

(Must Be Completed)

**Property**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(Must Be Completed)

**Contractor's**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*Workers Comp, Disability & Liability Certs. of Ins.  
Must be submitted with this application.\*\***

Circle one:      Commercial Building      or      Residential Building

Describe the building portion of building being demolished:

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

**Asbestos Survey / Abatement documentation MUST be provided.**

**Utilities:** - Disconnection dates and documentation **MUST** be provided.

- Gas disconnected on \_\_\_\_\_ by \_\_\_\_\_
- Electric disconnected on \_\_\_\_\_ by \_\_\_\_\_
- Water service disconnected on \_\_\_\_\_ by \_\_\_\_\_
- Septic/Sewer disconnected on \_\_\_\_\_ by \_\_\_\_\_

**NOTES:**

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

**APPLICANT'S CERTIFICATION:**

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

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_

(Contractor/Builder's signature accepted with a copy of the signed agreement with the property owner)

**COST ESTIMATE OF DEMOLITION**      \$ \_\_\_\_\_