

**Village of New York Mills**  
**Codes Department**  
**1 Maple Street, New York Mills, NY 13417**  
315-736-9212 ext 227  
**Demolition Permit**

**Application Approved** \_\_\_\_\_

**Permit No. #** \_\_\_\_\_  
(Expires One (1) Yr. From Date of Approval)

**Codes Enforcement Officer** \_\_\_\_\_

**Date** \_\_\_\_\_

This application must be completely filled out in ink (**PLEASE PRINT CLEARLY**) and submitted to the Codes Enforcement Officer.

**Application is hereby made** to the Codes Enforcement Officer for the issuance of a Demolition Permit pursuant to The Codes of New York State for the removal or demolition, as herein described. The applicant shall comply with all applicable laws, ordinances and regulations.

**NOTE: If asbestos removal is required by the Codes Enforcement Officer, Industrial Code Rule 56, shall be complied with.**

**Applicant:**

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

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

Phone No. #: \_\_\_\_\_

Check if Applicant is:    Owner \_\_\_\_\_ Lessee \_\_\_\_\_ Agent \_\_\_\_\_ Architect \_\_\_\_\_ Engineer \_\_\_\_\_ Builder \_\_\_\_\_

**Owner of Premises:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Structure \_\_\_\_\_

**Name of Contractor, Address:**

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

**Name of Compensation Insurance Carrier:**

\_\_\_\_\_  
\_\_\_\_\_  
Number of Policy: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**(CERTIFICATE OF INSURANCE SHALL BE SUBMITTED)**

\_\_\_\_\_  
\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant