

INCORPORATED VILLAGE OF SHOREHAM

BUILDING DEPARTMENT PO Box 389, Shoreham, New York 11786 (631) 821-0680 - Fax (631) 821-4102 www.shorehamvillage.org

DEMOLITION PERMIT APPLICATION CHECKLIST

This worksheet is presented as a guide for preparation of a complete building permit application. Please include all of the documents and items required for the proposed work. Additional information is available at the Village website at www.shorehamvillage.org

Application Requirements:

1.	Demo Permit Application	(page 2) Signed & notarized	Y / N
2.	Current Survey (3 copies)	Building/structures to be demolished to be noted	Y / N
3.	Owner's Authorization	(page 3) Required if applicant is other than the property owner	Y / N
4.	Deed	Submit copy of current owner's most recent deed	Y / N
5.	Title & Mortgagee Consent	Submit current title certification and provide mortgagee/lien holder consent as applicable (for dwelling demo only)	Y / N
6.	Contractor's info & license	Suffolk County Home Improvement license for existing residential (Not required if no buildings/structures are to remain)	Y / N
7.	Contractor's Insurances	Liability (Acord), Workers' Compensation (C-105.2 / U-26.3) & Disability (DB-120.1) and/or *waiver from WC/DB (CE-200) *available online at www.wcb.ny.gov	Y / N
8.	Utility Disconnects	PSEGLI for electric (electrical service temp w/ affidavit from licensed electrician may suffice) & SCWA for water service	Y / N
9.	Asbestos Certification	Submit asbestos survey report prepared by a <u>Certified Asbestos</u> <u>Inspector</u> in accordance with NYS Labor Law (Industrial Rule 56) For all buildings constructed prior to Jan 1, 1974	Y / N
10.	Fees	Dwelling: \$500 / Shed: \$250 / Other: \$300	Y / N

<u>DEMOLITION WORK SHALL NOT BEGIN UNTIL THE APPLICANT HAS SUBMITTED ALL OF THE</u> REQUIRED DOCUMENTATION AND A PERMIT HAS BEEN ISSUED.

- The applicant shall carefully answer all applicable questions on all forms.
- Illegible and unreadable forms or surveys will NOT BE ACCEPTED.
- Construction materials and debris <u>will not</u> be permitted to be buried. All materials must be removed from the site prior to final sign off.
- All foundation walls and footings are to be completely removed and inspected by the Building Inspector before back filling.
- All depressions on the site caused by the removal of any material must be leveled off with clean suitable materials as determined by the Building Department.
- Grade must be stabilized with vegetation for final sign off.

DEMOLITION PERMITS ARE VALID FOR 90 DAYS & INSPECTIONS ARE REQUIRED



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DEMOLITION PERMIT APPLICATION

PART I: Owner Information – Please print below			
Property Location :	SCTM#	207	
Owner(s) of Record :			
Phone: Emai	1:		
Mailing Address of Owner(s):			
PART II: Agent / Architect / Attorney Information (respons	City ible for filing & receiving		1
Agent responsible for proposed work:			_
Phone:Emai			
Mailing Address of Agent:			
	City	State	Zip Code
PART III: Proposed Work Project Details – Please print belo	<u>ow</u>		
Description of buildings and/or structures to be removed:			
Control to a	C CC-11 C I.		
Contractor:	Suffolk County Lic	eense #:	
Carting Agency/Contractor:			
PART IV: Notary Public – Please type or print below			
APPLICATION IS HEREBY MADE FOR ISSUANCE OF A BUILDIN	G PERMIT pursuant to the	Code of the Village of	f Shoreham and the
Building Code of the State of New York, and all amendments thereto, for			-
STATE OF NEW YORK, COUNTY OF SUFFOLK) ss: (Print Name of being duly sworn deposes and says that he/she is the applicant above name of the state of t			
They are the (Owner or Agent: Contractor, Officer, RA, PE, etc)		of s	aid owner or owners, and is
duly authorized to perform or have performed the said work, as described			
that all statements contained in this application are true to the best of his forth in this application, plans and specifications filed herewith.	knowledge and benef; and t	nat the work will be p	errormed in the manner se
Consum to hefere me this			
Sworn to before me this day of, 20	 Δnnlicant	Signature	
, 20	Applicant	Signature	



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OWNER'S AUTHORIZATION

STATE OF	
COUNTY OF) ss.:)
I, (owner)	
Residing at:	
Being the owner of premises (Property Local	ation)
Also known as Suffolk County Tax Map Nu	imber (SCTM #:)
Hereby authorize (Agent)	
Whose mailing address is (Agent Address)	
	tion and interfacing with the Building Department for (Description of Proposed Work)
	and/or file any documents required with reference to my application for
(Owner)	
I hereby agree to allow my agent, whose natimposed by this Board as a condition of their	me appears above, to act on my behalf and I further agree to abide by any requirements ir approval.
	Owner Signature
Sworn to before me this day of, 20	
Notary Public	