

TOWN OF ELLINGTON
813 W. MAIN STREET P.O. BOX 344
ELLINGTON, N.Y. 14732
ellingtontc@windstream.net
PHONE: Town Hall(716)287-2026 FAX: (716)287-2016
Building Code Officer:(716)-665-2058

APPLICATION FOR PERMIT TO DEMOLISH BUILDING

PERMIT NO: _____ DATE: _____

The undersigned hereby applies for permission to demolish a building at:
_____ being

Section _____ Block _____ Lot _____.

The undersigned accepts responsibility and agrees to comply with the following
Town, County and New York State Codes for Demolition of Buildings.

OWNER: _____

(Please Print)

SIGNATURE OF OWNER: _____

ADDRESS: _____

TELEPHONE: _____

TYPE OF BUILDING TO BE DEMOLISHED: _____

DATE OF DEMOLITION: _____

CONTRACTOR: _____

PARTIES TO CONTACT:

check when completed:

BUILDING CODE ENFORCEMENT OFFICER _____

CHIEF OF FIRE DEPARTMENT _____

DONE BEFORE DEMOLITION:

ELECTRICAL SERVICE FOR DISCONNECTION _____

LOCATION OF SEPTIC SYSTEM _____

INSPECTION FOR ASBESTOS ABATEMENT _____

BUILDING CODE OFFICER: _____