TM	S20	200

7. TYPE OF DEMOLITION: \_\_\_\_\_

8. ESTIMATED COST OF PROJECT: \$\_

9. E911 NOTIFICATION REQUIRED: ( ) YES

NO.		
140.	 1000	

## TOWN OF OSSIAN Livingston County, New York

	APPLICATION FOR DEMOLITION PE	RMIT
	APPLICA	TION DATE:
INS	<ul> <li>A. Two (2) COMPLETED copies of this application to be filled in by typewriter or in Code Enforcement Office. Any application which is missing information will be</li> <li>B. A Plot Plan showing a DETAILED description of the location and position of an position in relation to nearby buildings, structures, and to any private or public s</li> <li>C. The work covered by this application shall not be commenced BEFORE the issing. Upon approval of this application, the Code Enforcement Officer will issue a De and return one (1) set of the plans and application. The permit shall be kept on progress of the work. Building Permits are good for a period of ONE (1) YEAR in E. NO site shall be occupied or used in whole or in part for any purpose until a CEI COMPLIANCE shall have been granted by the Code Enforcement Office.</li> </ul>	denied. y existing buildings, and their streets or highways. uance of a Demolition Permit. molition Permit to the applican the premises during the from issue.
APP	APPLICATION IS HEREBY MADE to the Code Enforcement Office for the issuance of a Building Permit, pursuan of Ossian for the construction as herein described. The applicant agrees to comply with all applicable law	
	1. APPLICANT / CONTRACTOR Name Tel. No.	
1	Address	
*	Workman's Compensation & Disability Carrier & Policy #  ** A COPY OF YOUR INSURANCE CERTIFICATION or EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF EXEMPTION FORM MUST AGE  ** A COPY OF YOUR INSURANCE CERTIFICATION OF THE PROPERTY OF THE PROPER	
	2. PROPERTY OWNER	
	Name Tel. No. Address	
3. L	3. LOCATION OF LAND FOR PROPOSED WORK:  Address  Tax Map No	
	Size & Area of the lot ft. by ft. = _	
	Zone Dist Class Use	
4. F	4. PRESENT USE IS	

( ) NO

5. IF DWELLING: No# of Stories: \_\_\_\_\_ No# of Families: \_\_\_\_\_ Garage: \_\_\_\_\_

6. IF OTHER USE, SPECIFY USE:

named above; and that all statements contained in this	BY CERTIFIES THAT HE/SHE IS THE applicant and / or owners application are true to the best of his/her knowledge and belie forth in this application and in the plans and specifications filed			
	Signature of Applicant / Contractor			
	Signature of Property Owner			
PPROVED  OISAPPROVED  Code Enforcement Officer				
	ed of Appeals and/or Planning Department for a premises as described above for which an application for			
	ng information:			

Office Use Only:
FEE(S): Building\$\_\_\_\_\_Planning:\$\_\_\_\_ZBA Variance:\$\_\_\_\_\_TOTAL:\$\_\_\_\_\_