

TOWN OF SHAWANGUNK BUILDING DEPARTMENT
PO BOX 247 14 CENTRAL AVENUE
WALLKILL, NY 12589
845-895-2904 OFFICE
845-895-2162 FAX

APPLICATION FOR DEMOLITION PERMIT

PERMIT#: _____ DATE: _____ DISTRICT: _____
(TO BE COMPLETED BY BUILDING DEPT.)

PROPERTY OWNERS NAME: _____ PHONE#: _____

OWNERS ADDRESS: _____

PROPERTY LOCATION OF DEMOLITION: _____

TAX MAP #: _____

This application for a demolition permit is made to the Town of Shawangunk building inspector. Please complete this form and include any other information that may be pertinent to this application. NAME OF APPLICANT: _____ certifies that he/she is the owner or agent of all said parcel, lot or piece of land or building described in this application and if not the owner that he or she has been duly authorized to submit this application and to assume the responsibility for the owner for this application. This owner or agent agrees to comply with the Town of Shawangunk Zoning ordinance as well as all NEW YORK STATE and local codes and regulations relating to the demolition and use of the proposed demolition and disposal on this application.

GENERAL CONTRACTOR'S NAME: _____ PHONE: _____

CONTRACTOR'S ADDRESS: _____

INSURANCE CARRIER: _____ PHONE: _____

PLEASE STATE SPECIFICALLY WHAT IS BEING DEMOLISHED

PLEASE EXPLAIN METHOD OF DISPOSAL OF DEBRIS
