

Building and Zoning Department

Town of Halcott

Code Enforcement Officer

John Mathiesen

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Application for Demolition Permit

1. Name of Property Owner _____ Date _____
Address _____

2. Name of Applicant (if other) _____

3. Name of Contractor _____
Address _____

4. Location _____ Tax Map # _____

5. Is any Asbestos Present? YES _____ NO _____

6. Describe what equipment will be used and just how the structure is to be demolished.

7. Attach Photo of existing structure _____

8. Describe any building attached or within a 100' of any building being demolished _____

9. Where is building being disposed? _____ NYS DEC Approved Facility Y/N _____

**** Note**** Oil tanks to be pumped out and tanks disposed of properly, asbestos to be removed and disposed of by certified Asbestos Contractor and copy of clearance paperwork to be turned in to Town of Halcott, NO burying of tire and Asphalt roofing materials.

Name of Owner _____

Signature _____