

# **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 \_\_\_\_\_