

TOWN OF FULTON  
1168 BEAR LADDER ROAD  
WEST FULTON N.Y. 12194 518-827-6365

APPLICATION FOR DEMOLITION PERMIT  
PLEASE PRINT OR TYPE

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

TAX MAP NUMBER \_\_\_\_\_

DESCRIPTION OF DEMOLITION \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY INSPECTOR

PERMIT: ISSUED \_\_\_\_\_ EXPIRES \_\_\_\_\_

FEE PAID \_\_\_\_\_ CASH CHECK OTHER

PERMIT NUMBER \_\_\_\_\_

SIGNATURE OF CODE ENFORCEMENT OFFICER \_\_\_\_\_