

**Demolition**



**VILLAGE OF COBLESKILL – PLANNING, ENVIRONMENT & CODES DEPT.**

378 Mineral Springs Road, Cobleskill, NY 12043  
Phone: 518-234-4661 Fax: 518-234-4075

**DEMOLITION PERMIT APPLICATION**

Mike Piccolo: cell: 518-706-0404 email:pecceo@midtel.net  
Brian Robson: cell: 518-948-6196 email:pecsec@midtel.net

Estimated Cost of Project: \_\_\_\_\_  
Permit Fee (office use): \$75

Office Use Only  
File # \_\_\_\_\_ Permit # \_\_\_\_\_ Date: \_\_\_\_\_  
District: \_\_\_\_\_ SBL # \_\_\_\_\_ Floodplain? Y / N

**Project Information**

Project Address: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Property Owner's Name (if different): \_\_\_\_\_

TYPE OF STRUCTURE TO BE DEMOLISHED?  
 Residential  Commercial  Accessory Structure (e.g., shed, garage)  Other \_\_\_\_\_

Reason for demolition: \_\_\_\_\_

Total square footage of structure: \_\_\_\_\_

Location of structure on property: \_\_\_\_\_  
(Please provide a plot plan showing location of structure on property)

Scope of work and proposed schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of original construction, if known: \_\_\_\_\_

Date current owner acquired: \_\_\_\_\_

Most recent use of property: \_\_\_\_\_

Proposed use of property: \_\_\_\_\_

Is Asbestos a Possibility?  Yes  No

If Yes, please provide an Asbestos Survey Report, a copy of the NYS Department of Labor, Division of Safety and Health Asbestos Project Notification, and copies of licenses for contractor and each employee handling asbestos material.

Have Utilities been disconnected?  Yes  No  Not Applicable

If No, please ensure this has been done before work can begin.

Describe how debris will be handled and removed from the site:

\_\_\_\_\_  
\_\_\_\_\_

How will the site be left? Describe site restorations:

\_\_\_\_\_  
\_\_\_\_\_

## Work and Contractor Details

Who is Performing the Work?  Contractor  Owner

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

**Note:** If using a contractor, we need their New York State Worker's Compensation Certificate, Exemption Form #CE-200, or NYS Worker Compensation Exemption Form #BP-1.

**If you applying for demolition only of an existing structure, demolition, including site restorations, shall be completed within 90 days.**

\_\_\_\_\_, **BEING DULY SWORN**, deposes and says that he/she/they is/are the applicant above named, and that he/she/they is/are the

**OWNER** or  **OWNER'S AGENT/REPRESENTATIVE**,

and is/are duly authorized to perform or have performed the proposed work, and to make and file this application; that all statements contained in this application package are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and specifications filed therewith, and in accordance with applicable laws, ordinances, rules and regulations.

**THE APPLICANT RECOGNIZES THAT** it may be necessary for Village Staff or members of the planning Board, the Historic District Review Commission, the Zoning Board of Appeals, and/or the Street Tree Committee to conduct an on-site visit of the exterior and/or interior of the property that is the subject of the application.

**THE APPLICANT HEREBY AGREES THAT** such on-site visit(s) may be conducted as deemed necessary. Whether a site visit is necessary for the purpose of reviewing the application shall be within the sole discretion of the Village Staff and/or Boards/Commission members.

**The Applicant Further Agrees**, that by submitting this application, the applicant shall hold harmless the Village of Cobleskill, the Village Staff and/or Boards/Commission and their members and agents in their official and individual capacities for any damage or injury alleged to have been caused as a result of any site visit made pursuant to this application.

**SWORN TO BEFORE ME THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **IN THE YEAR** \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary Public