

Village of Cobleskill Planning, Environment & Codes Office
378 Mineral Springs Road, Suite 1A
Cobleskill, New York 12043
518-234-4661

Demolition Permit Application

FOR OFFICE USE ONLY

FILE # _____ DATE _____
DISTRICT _____ SBL # _____
PROJECT LOCATION _____ FLOOD PLAIN ___YES___NO

IF YOUR PROJECT IS IN THE HISTORIC DISTRICT YOU MAY NEED TO APPLY TO THE HISTORIC DISTRICT REVIEW COMMISSION FOR A PERMIT

NAME _____ PHONE# _____
ADDRESS _____ CELL# _____
CITY _____ STATE _____ ZIP _____
E-MAIL _____ ESTIMATE COST _____

These are the minimum submission requirements as set forth in Code of the Village of Cobleskill, Chapter 160-Zoning. If the applicant does not meet these minimum requirements, the Village reserves the right to reject the application. This is to serve as a GENERAL GUIDELINE ONLY of a Demolition Permit Application procedure.

If you are proposing a new use that requires demolition of an existing building, then demolition of that building shall be reviewed as part of a complete application for site plan review. There shall be coordinated and concurrent review of this action with demolition and rebuilding.

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

Please submit the fee of \$75/structure with original and two copies of:

- This completed application
- Complete application for site plan review
- Proof of New York State Workers Compensation insurance, or proof of exemption from the law. Workers' Compensation Law requires one of the following (ACORD forms are not acceptable under the New York State Workers Compensation law):

Insured by private insurance carrier form #C-105.2 (available from insurance carrier)

Insured by New York State Insurance Fund form #U-26.3 (available from NYSIF)

Exemption form, which can be accessed and printed at <http://www.wcb.state.ny.us/content/main/forms>
Contractor completes top portion, then sends to WC Board

- Copies of licenses for contractor and for each employee handling asbestos material.
- Copy of the NYS Department of Labor, Division of Safety and Health Asbestos Project Notification
- Part 1 of the State Environmental Quality Review Environmental Assessment Form (Short Form)
- A copy of the most recent survey or tax map of the property (call Schoharie Co. Real Property Tax Service 518-295-8332).

Most recent use of property _____

Proposed use of property _____

Date of original construction, if known _____ Date current owner acquired _____

Reason for demolition _____

Scope of work _____

Proposed demolition schedule _____