Property Owner

*Mailing* Address       Email

City       , St    Zip       Phone (     )     -

*Project* Address

Project Description Demolition Removal & Relocation of             sq ft

Material & Labor Costs Estimate $       Projected start date   /   /      Estimated end date   /   /

Setbacks: Front       ft Rear       ft Right side       ft Left side       ft

Demolition or Remove/Relocate **permit application fee:** **$50**.00 (check payable to the *Town of Canadice* or exact cash amount, please)

Contractor

Address       Email

City       , St    Zip       Phone (     )     -

Workers Compensation Insurance  Yes**\*** **or**  CE-200 form**\*+** - WC Exemption Certificate; [http://www.**wcb.ny.gov**](http://www.wcb.ny.gov/)

Liability Insurance Certificate  Yes**\*** **or**  Not required – *Please indicate why not on the back of this application.*

**\*** **Permits will NOT be issued without required *current* certificate(s) being submitted with application.**

**+** The CE-200 WC Certificate of Exemption must also be submitted by **homeowners who are performing the construction themselves**.

The undersigned represents and agrees as condition to the issuance of this permit that said structure shall be demolished in accordance with all laws; ordinances of the Town and the State of New York Uniform Fire and Safety Prevention; and all other applicable laws, codes and regulations.

**Owner / Agent Signature Date / /**

**OFFICIAL USE ONLY**

Code Enforcement Officer Date / /

Town Clerk Date / /

Fee Paid $ District Tax Map ID#

Approved Not approved Plans reviewed by Permit #