Property Owner

Mailing Address

City       , NY Zip       Phone (     )     -

Project Address

Demolition of:

Cost Estimate $       Work start date   /    /

Estimated end date   /    /

Demolition permit fee: $30.00 (Cash or check payable to the *Town of Canadice*) District

Contractor

Address

City       , St    Zip       Phone (     )     -

Workers Compensation Insurance  Yes**\***  Not required  CE-200 form attached\*

Liability Insurance Certificate  Yes**\***  Not required

**\*** *Current* certificates must be on file with the Town of Canadice.

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 $ Permit # Plans approved by

Approved Not approved Tax Map ID No. - -