



Permit # _____

SBL# _____ Zoning: _____

TOWN OF NEWSTEAD
DEMOLITION PERMIT APPLICATION

Property Address: _____

Structure to be Demolished: _____ Sq. Footage: _____ Height: _____

Property Owner Signature: _____ Phone # _____

APPLICANT name: _____

APPLICANT mailing address: _____

ADDRESS	CITY, STATE, ZIP	PHONE
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CONTRACTOR: _____

NAME	ADDRESS	CITY, STATE, ZIP	PHONE
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CONTRACTOR Insurance expiration date: _____

You Must Contact:

Date & Person Contacted:

Gas/Propane/Oil.....	_____
Erie County Water -849-8444.....	_____
Erie County Health -961-6800.....	_____
Telephone Co.....	_____
Cable Co.....	_____
State -847-3575/County- 759-8328/Town Highway-542-5412...	_____
Underground Locater- 800-962-7962.....	_____

A copy of the asbestos survey must be provided to the Building Dept. prior to issuance of demolition permit. In accordance with NYCRR 56-5.1, an asbestos survey must be performed prior to demolition except for:

1. Agricultural buildings
2. Buildings constructed on or after January 1, 1974
3. Structures certified to be unsafe, **but it shall be assumed to contain asbestos and shall be demolished per 12 NYCRR Part 56-5.1(C).**

-----*(office use only)*----- All of the above must be completed PRIOR TO approval.-----

Permit Issue Date: _____

Permit *Renewal* Date: _____

*Permit Expires in 12 months: _____

Six-Month Expiration Date: _____

Permit Fee Paid: \$ _____

Renewal Fee Paid: (*\$100 or 50% of original fee*) \$ _____

Cash: _____ Check # _____ Debit: _____

Cash _____ Check # _____ Debit: _____

*Permit expires in 12 months. If it is not renewed by the expiration date, you are in violation and the renewal fee will be doubled.

Approved by: _____

Date: _____

Code Enforcement Officer