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# APPLICATION FOR DEMOLITION PERMIT

No. \_\_\_\_\_

Take Notice: It is a violation of the Town of North Collins Code to proceed with any construction operations before this application is approved by the Building Inspector.

Town of North Collins, Erie County, New York

Date: \_\_\_\_\_ Zoning: \_\_\_\_\_

To The Honorable TOWN BOARD  
Gentlemen and Ladies:

Application is hereby made for permission to:  
**DEMOLISH** said building(s) at: Address \_\_\_\_\_  
\_\_\_\_\_

State what building(s) or parts thereof will be demolished, and where disposed of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Demolition Contractor:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Proof of Liability Insurance must be faxed to (716) 703-4083**

**\*\*Asbestos Survey is required to be submitted with this permit.**

The undersigned hereby certifies that all of the information contained in this application is correct and true.  
This permit becomes INVALID 1 year after issuance. Permit extensions may be filed.

\_\_\_\_\_  
Owner's Signature Address: \_\_\_\_\_  
\_\_\_\_\_  
Owner's Name – PRINT Phone: \_\_\_\_\_

\* Mandatory Inspections (where necessary)  
Notify Building Inspector at least 24 hours prior to inspection time.  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
#1 \_\_\_\_\_ #4 \_\_\_\_\_  
#2 \_\_\_\_\_ #5 \_\_\_\_\_  
#3 \_\_\_\_\_ #6 \_\_\_\_\_

**Town of North Collins Building Department**  
Reviewed only for conformance with Town & State Codes. The contractor or individual doing work to be responsible for all dimensions and for fulfillment of detailed requirements of all codes.  
**ACTION**  
**1. Approved**  
**2. Approved As Noted**  
**3. Disapproved, Resubmit**  
By: \_\_\_\_\_  
Building Inspector  
Date: \_\_\_\_\_

**Town of North Collins Building Department**  
I do certify that I have examined the foregoing application / demolition plan and they conform to Ordinances of the Town of North Collins.  
Building Inspector Signature: \_\_\_\_\_  
Fee Amount: **\$25.00**  
Date Received: \_\_\_\_\_