Town of Busti
125 Chautauqua Avenue
Lakewood, NY 14750
(716) 763-8561 Fax: (716) 763-2953

Date: _____

Permit #_____

DEMOLITION PERMIT APPLICATION

I. Owner Information

Property Location:_____

Section_____ Block_____ Lot(s)_____

Owners Name:_____

Mailing Address:_____
Street City/State Zip

Contact: _____
Name Phone Cell

II. Contractor Information

Contractors Name:_____

Address/Phone:_____
Street City/State Zip Phone

Contractors Certificate of Insurance: On File_____ Copy Attached_____

UFPO Registration Number: _____

III. Work Description

1. Description of the Building(s) or structure(s) on the property to be demolished:
   _____
   _____
   _____

2. Applicant's proposal including description of materials to fill in sub surface areas to grade level:
   Brief Statement: _____
   _____
   _____

3. Applicant's proposal for capping utility services: (Fuel, Water, Wells, Sewage line, Electrical, Etc.) _____
   _____
   _____

IV. Conditions

1. **ALL DEMOLITION SITES SHALL BE BARRICADED IN SUCH A MANNER AS TO PROVIDE PROPER WARNER AND PROTECTION TO THE PUBLIC.**

_____
APPLICANTS INITIALS

2. **ALL DEMOLITION DEBRIS SHALL BE PROMPTLY AND LEGALLY DISPOSED OF AT AN AUTHORIZED SITE.**

_____ _____
Name Location of Site APPLICANTS INITIALS

3. **ALL PROJECTS TO BE COMPLETED WITHIN 30 DAYS OF COMMENCEMENT.**

_____
APPLICANTS INITIALS

4. **PERMIT SHALL EXPIRE 90 DAYS FROM DATE OF ISSUANCE.**

_____
APPLICANTS INITIALS

5. **PROJECT IS SUBJECT TO THE NEW YORK STATE FIRE PREVENTION AND BUILDING CODE.**

AFFIDAVIT

STATE OF NEW YORK
SS:
CHAUTAUQUA COUNTY

I swear that to the best of my knowledge and belief the statements contained in this application are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes and Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner. I acknowledge that Zoning Code information relating to applicant's district has been received.

Signature of Owner _____ Date _____

TO BE COMPLETED BY CODE ENFORCEMENT OFFICER

Permit # _____ Date Issued _____ Expires _____

Signed: _____
Code Enforcement Officer

AFFIDAVIT THAT WORKER'S COMPENSATION
AND DISABLITY BENEFITS ARE NOT REQUIRED.

STATE OF NEW YORK
COUNTY OF CHAUTAUQUA

_____, Being duly sworn, deposes and says:
(APPLICANT'S NAME)

I reside at _____
(APPLICANT'S ADDRESS)

PLEASE CHECK ONE OF THE FOLLOWING AND COMPLETE

□ 1. I ***HAVE*** engaged _____, with offices at
(CONTRACTOR)

_____
(BUSINESS ADDRESS) (PHONE)

To construct _____
(TYPE OF WORK)

At _____
(SITE LOCATION)

***Above contractor must have NYS Workers Comp or Waiver (Form CE-200) submitted to Code Officer.**

== OR ==

□ 2. I ***HAVE NOT*** engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work related to the requested Building Permit.

□ I will be doing the work personally without employing any employees.

□ The work will be performed by _____.
I have a homeowner's policy that is currently in effect and covers the property AND will supply the appropriate Worker's Compensation and Disability for hired employees for the site specified on the Building Permit application.

I make this affidavit knowing that it will be relied upon by the Building Inspector in ensuring compliance with section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

APPLICANT'S
SIGNATURE _____ **DATE** _____