

Date: _____

Permit # _____

VILLAGE OF LAKEWOOD

20 West Summit Street

Lakewood, New York 14750

Phone: (716) 763-8557 ~ Fax: (716) 763-4468

DEMOLITION PERMIT APPLICATION

I. Owner Information

Property Location: _____
Section _____ Block _____ Lot _____

Owners Name: _____

Mailing Address: _____
Street City/State Zip

Contact: _____
Name Phone Cell

II. Contractor Information

Contractors Name: _____

Address/Phone: _____
Street City/State Zip Phone

Contractor 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.)

**AFFIDAVIT THAT WORKER'S COMPENSATION
AND DISABILITY 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 Office

-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 the Building Inspector in Insuring 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** _____