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:				
Property Location: Section	Block		Lot	
Owners Name:				
Mailing Address:		City/State		Zip
Contact:				
Name		Phone		Cell
II. Contractor Information				
Contractors Name:				
Address/Phone:	Citu/Stata	Zin	Phone	
Contractor Certificate of Insurance: O				
UFPO Registration Number:				
 III. <u>Work Description</u> 1. Description of the Building(s) or st 		1 2		
2. Applicant's proposal including desc Brief Statement:				le level:
3. Applicant's proposal for capping ut	tility services: (Fue	el, Water, Wells, S	ewage line, Elec	etrical, Etc.)

IV. Conditions

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

APPLICANT'S INITIALS

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

Location of Site

APPLICANT'S INITIALS

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

APPLICANT'S INITIALS

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

APPLICANT'S 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 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	
Permit #	TO BE COMPLETED BY CO	DE ENFORCEMENT OFFICER Expires	
Signed:			
	Code Enforcement Office	r	

AFFIDAVIT THAT WORKER'S COMPENSATION AND DISABILITY BENEFITS ARE NOT REQUIRED

STATE OF NEW YORK COUNTY OF CHAUTAUOUA

, 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