Town of Groton - Demolition Permit Application

Fee: $25 - Payable to Groton Town Clerk's Office

Date_____

Structure to be Demolished _____ Tax Map **#**_____

If not all, What portions of the structure will be demolished_____

_____Current Use _____

Address of Structure to be Demolished _____Use After (if any)_____

Property Owner _____ Phone: _____

Mailing Address _____ E-mail:_____

Contractor _____ Phone _____

Mailing Address _____ Current Workman's Comp. Insurance Id _____

(Contractor must supply)

How will debris be disposed of? Buried on site Taken to approved landfill

– If Any Hazardous conditions exist, will

Open Wells be closed No Yes Fuel tanks be removed or closed No Yes

Utilities be disconnected No Yes Exposed Basement be Filled or Covered / Fenced No Yes -

For Environmental Testing : Asbestos Control Bureau Syracuse District 450 S. Salina St. Syracuse 1-315-479-3205

_____

(Current Workman's Comp Insurance copy) Provided copy of landfill receipt on _____/ _____/ _____

Affidavit of Property Owner

State of New York }
County of Tompkins } ss

I, _____being duly sworn, depose and say that I am the owner of the above referenced parcel of land within the Town of Groton, and the work proposed demolition upon the said premises will be done in accordance with the requirements of the Town of Groton Land Use and Development Code and all other applicable local or state regulations.

Sworn to me this __day of_____20___ Owner Signature_____

_____ Print Name _____ Date _____

Notary Public - Affix Stamp

[ ] Denied Date_____ Reason for denial _____

[ ] Approved Date_____ Special Conditions or Comments_____

_____

PERMIT ALLOWS FOR 90 DAYS FROM APPROVAL TO COMPLETE DEMOLITION

Demolition shall be complete by _____ (May be extended at the discretion of the CEO) Extension_____

(607) 898-4428 or (607) 591-9898

_____

W. Rick Fritz, Code Official

Fee: $25.00
Received_____

Receipt #_____