



**TOWN OF HARRISON
VILLAGE OF HARRISON**
ALFRED F. SULLA, JR. MUNICIPAL BUILDING
BUILDING DEPARTMENT
1 HEINEMAN PLACE
HARRISON, NEW YORK 10528



Telephone: (914) 670-3050
Fax: (914) 835-7491

APPLICATION FOR DEMOLITION PERMIT

DATE: _____ **APPLICATION NO.:** _____ **RECEIPT NO.:** _____

Choose ONE of the following:

\$50 Application Fee, \$200 Demolition Fee

- ONE FAMILY DWELLING
- TWO FAMILY DWELLING
- ACCESSORY STRUCTURES-RESIDENTIAL
- INTERIOR DEMOLITION-RESIDENTIAL

\$50 Application Fee, \$400 Demolition Fee

- COMMERCIAL BUILDING(S)
- 3-4 FAMILY DWELLING
- 5+ UNITS
- ACCESSORY STRUCTURES-COMMERCIAL
- INTERIOR DEMOLITION-COMMERCIAL

PROVIDE ALL THAT APPLY:

- 1) COPY OF SURVEY []
- 2) ASBESTOS REPORT []
- 3) ABATEMENT REPORT []
- 4) CUTOFF LETTERS FROM UTILITY COMPANIES []
- 5) BLOCK & LOT VERIFIED BY ASSESSOR'S OFFICE []
- 6) CERTIFICATE OF INSURANCE APPROVED BY LAW DEPARTMENT []
- 7) HOLD HARMLESS CLAUSE SIGNED []

Property Address: _____

Block No. _____ Lot No. _____ Assessor's Verification _____

Name of Owner _____ Address: _____

Phone # _____ Fax # _____

Name of Contractor: _____ Address: _____

Phone # _____ Fax # _____

Number of buildings to be demolished _____ Number of Stories _____

Dimensions: _____ Feet Wide _____ Feet Deep _____ Feet High _____

Estimated Date of Completion _____ Give distance from Street line _____

Give distance of Side line _____ Give Distance from Rear line _____

NOTICE

Application is hereby made to the Inspector of Buildings for the Town of Harrison, NY for the approval of the detailed statement herewith submitted for the demolition of the building or buildings herein described. All provisions of the Building Code and the Zoning Ordinance, and any and all amendments thereto, and all amendments thereto, and all provisions of the Industrial Code of the State of New York, relative to the Demolition of buildings and all amendments thereto shall be complied with in the demolition of said building or buildings, whether specified or not.

Sign Here (Applicant): _____

AFFIDAVIT OF OWNERSHIP

State of New York

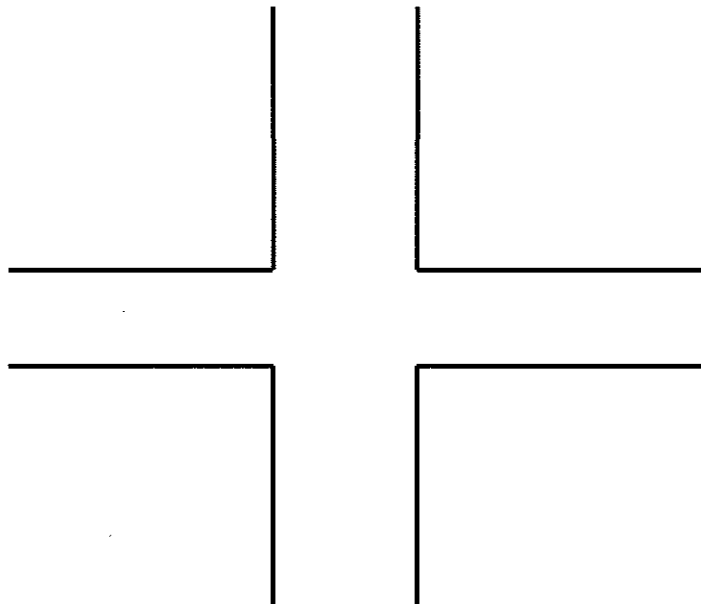
County of Westchester

_____ being duly sworn,
(Owner, Lessee, Architect or Builder/Contractor)
deposes and says that: _____ is the owner in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application; and that the statements contained herein are true to the best of his/her knowledge and belief.

Sworn to before me this _____
day of _____ 20____.

(Signature of Applicant)

(Notary Public)



PERMIT

Permission is hereby granted to the above named person or persons, upon condition that after the building or buildings are razed, the excavation, if any, upon which said buildings were located shall be filled in to correspond to the level of the surrounding ground levels.

Building Inspector _____ Date _____