

Town of Canandaigua
DEMOLITION PERMIT APPLICATION

1. Name and Address of Property Owner: _____

2. Telephone Number/ E-mail of Property Owner: _____

3. Subject Property Address, Tax Map Number, and Zoning District: _____

4. Is subject parcel residential or commercial property: _____

5. Are there any hazardous materials on site? YES / NO If yes, how will they be removed? _____

6. Please explain demolition project and procedure: _____

7. Will there be any open burning? YES / NO If yes, please explain: _____

8. How will the debris be removed? _____

9. Is this structure historically significant? YES / NO Has the Town Historian been contacted? YES / NO

The property owner represents and agrees as a condition to the issuance of this permit to completely clean up the site and restore it to original condition.

Signature of Owner: _____ Date: _____

Please **DO NOT** send payment with this application.
Payment shall not be made until the fee is determined & the permit is issued.

Contractor Name and Address: _____

Contractor Telephone Number/E-mail address: _____

Contractor Insurance Certificates Required: C-105.2 / U-26.3 *and* DB-120.1 *or* CE-200 / BP-1

Insurance shall provide coverage for demolition activity.

Permit # _____

Issue Date _____

Expiration Date _____

Code Enforcement Officer