Town of Henrietta

Commercial Demo Permit Application

A Demolition Permit must be obtained from the Office of Building and Fire Prevention

Permit Requirements:

- 1. Commercial Demolition Permit Application, and
- 2. Instrument Survey Map, and
- 3. 2 sets of plans, and
- 4. Report of testing, and removal of asbestos materials, in accordance with NYSDOL (if applicable)
- 5. Plan for containment and removal of all construction debris
- 6. Plan for utility abandonment (if applicable)
- 7. Plan for pedestrian protection (if applicable)
- 8. Plan for alternate means of egress (if applicable)
- 9. Plan for permanent stabilization of site (if applicable)
- 10. Plan for worker toilet facilities
- 11. List of flammable/combustible liquid/gas storage (if applicable)
- 12. List of temporary heating devices (if applicable)
- 13. All work must comply with the Building Code, Plumbing Code, Fire Code, and Existing Building Code of New York State (2015) And it's Supplement

Fees:

\$ 500.00 Demolition Permit – Interior

\$ 750.00 Demolition Permit – Entire Building

\$75.00 min./hr.; \$750.00 max. per submittal – Plan Review

\$ 50.00 /hr. – Professional Services

(Job Trailer Permit - \$200.00 with separate application)

Town of Henrietta – Office of Building and Fi re Prevention 475 Calkins Road – Henrietta, NY 14467 Phone (585) 359-7060 Fax (585) 321-6093 Town of Henrietta Office of Building and Fire Prevention 475 Calkins Road Henrietta, NY 14467 Office (585) 359-7060 Fax (585) 321-6093 Building@henrietta.org

Commercial Demolition Permit Application

| Site Information | | | | | |
|-----------------------|-----|------|-------|-----|-----|
| Address of Project | | | | | |
| Tax I.D. Number | | | - | | |
| Zoning Classification | B-1 | _B-2 | _ILCD | Ind | PUD |

| Property Owner Information | |
|---|------------|
| Property Owner Name | |
| Owner Address | |
| Owner City, State, Zip | |
| Owner Phone Number | |
| Please Contact: (Property owner) (Contractor) | For Pickup |

| Contractor Information | | | | | |
|-----------------------------|---|--|--|--|--|
| Contractor Name | - | | | | |
| Contractor Address | | | | | |
| Contractor City, State, Zip | | | | | |
| Contractor Phone Number | | | | | |

| Scope of Project | | |
|------------------|------|------|
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| Cost | of | Demo | lition | \$ |
|------|----|------|--------|----|
| | | | | |

| All construction | plans must be submitted with | the permit a | pplication | prior to review of this | project | |
|------------------|------------------------------|--------------|------------|-------------------------|---------|---|
| | | | | | | _ |

Construction may not commence until such time that a building permit has been issued by this department/office. Applications submitted may require additional review and a new or amended application may be required if so deemed by the authority having jurisdiction for any plausible reason including, but not limited to changes to the proposed project, or the start of the project is significantly delayed.

Applications are processed in the order that they are received. This department/office will make every effort to review your application and any relevant plans expeditiously. There may be delays in the processing of your application if it is found that necessary information was not submitted as required.

I hereby certify that all work related to this application will be performed in accordance with all applicable town, and state laws and codes pertaining to building construction, and demolition and the information submitted and contained herein is accurate and correct.

Signature of Applicant

Date

Applicant Name (Please Print)

| Official Use Only | Official Use Only Approval For Building Permit Issuance | | | | | |
|-------------------|---|--------|--|--|--|--|
| | Date Approved: | | | | | |
| Approved By: _ | | Title: | | | | |
| Workers Comp | ensation Submitted: | | | | | |