

**TOWN OF WAWARSING**  
**OFFICE OF BUILDING INSPECTOR**

**APPLICATION FOR A DEMOLITION PERMIT**

Town Building, 108 Canal Street, Ellenville, NY 12428 (845) 647-7800 ext 5 – Fax 647-1824

Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

1. State whether application is owner, lessee, agent, architect, or engineer.

\_\_\_\_\_

2. Name and address of owner of premises: \_\_\_\_\_

\_\_\_\_\_

Phone # - Home: \_\_\_\_\_ Work: \_\_\_\_\_

3. Tax Map # \_\_\_\_\_ Zoning District \_\_\_\_\_

4. Location of land on which proposed work will be done: \_\_\_\_\_

\_\_\_\_\_

5. Name of Builder: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Nature of Work: (Describe in detail): \_\_\_\_\_

\_\_\_\_\_

Fees: \$ 50.00 per structure (To be paid upon filing application)

Applicant is hereby made to the Building Inspector for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code and the Town of Wawarsing Zoning Ordinance for the purpose of a demolition. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant does hereby consent to permit any Building Inspector to enter upon the premises without a search warrant.

X \_\_\_\_\_  
(Signature of Applicant) (Address) (Phone Number)

Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with an approved, set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work. **All changes to plans must be reported via a change order from the design professional.** The permit will only be honored for the scope of work for which it has been issued. No work is to commence until the Building Permit has been granted.

The required inspections will be checked off on your Building Permit. It is the **homeowner's** responsibility to ensure these inspections are scheduled. Our office needs at least 24 hours advance notice when scheduling. Final inspections and obtaining the Certificate of Occupancy or Certificate of Compliance is also the responsibility of the homeowner.

**No building shall be OCCUPIED or USED in whole or in part for any purpose whatsoever until the Final Inspection has been passed and a Certificate of Occupancy has been granted by the Building Department.**

\*\*\*\*\* **INSURANCE REQUIREMENTS** \*\*\*\*\*

New York State requires proof of Workers Comp and Disability Insurance or proof of legal exemption from them. Please use the guidelines below to determine which forms need to be provided. The BP-1 form is available on our website and the CE-200 form is generated from the NYS Workers Comp website. The remaining forms must be obtained from your insurance broker.

- 1) If **applicant** is **Owner** of 1, 2, 3, or 4 Family **Owner-occupied Residence** **AND** owner is performing all the work, **OR** owner is not compensating the individual performing the work **OR** owner is paying individuals a total of less than 40 hours a week:

Owner Occupied Exemption Form BP-1 (9-07) \_\_\_\_\_

- 2) If **applicant** is **Business** or **General Contractor**, or **Owner** who does not qualify for above exemption, we require one of the following proofs of workers' compensation and disability insurance (either A, B or C):

A. Affidavit of Exemption from Workers Comp and Disability: Form CE-200 (12/08) \_\_\_\_\_  
*Print from the NYS Workers Comp website and submit to our office:*  
<http://www.wcb.state.ny.us> → Click on WC/DB Exemptions Form CE-200

B. Certificates of Workers' Compensation Insurance and Disability Benefits Insurance:  
(Workers' Comp) Form C-105.2 \_\_\_\_\_ or State Insurance Fund Form U-26.3 \_\_\_\_\_  
**AND**  
(Disability) Form DB-120.1 \_\_\_\_\_

C. Self-insured or participating in authorized self-insurance plan:  
Form SI-12. \_\_\_\_\_ or Form GSI-105.2 \_\_\_\_\_  
**AND**  
Form DB-155 \_\_\_\_\_

**ACORD forms are NOT acceptable proof of NY State workers' compensation or disability insurance coverage!**