

# City of Port Jervis, New York



Building Department Offices  
PO Box 1002  
20 Hammond Street  
Port Jervis NY 12771

(845) 858-4000 Ext 4080  
Fax # (845) 856-6913

Building Department

## Demolition Permit Application

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_ Date \_\_\_\_\_

The undersigned as \_\_\_\_\_ Hereby applies for a permit to demolish  
(Owner, Contractor)  
\_\_\_\_\_ at the property located at \_\_\_\_\_, Port Jervis, NY.  
(Type of Structure)

Owner's name \_\_\_\_\_ Address & Phone# \_\_\_\_\_

Contractor's name \_\_\_\_\_ Address & Phone# \_\_\_\_\_

Planning Board Requirement \_\_\_\_\_ Zoning Board Requirement \_\_\_\_\_

Date of Police Chief Notification \_\_\_\_\_ Name of Worker's Compensation and/or Liability Insurance carrier  
(attach Copy) Insurance proportionate to the project will be maintained throughout its duration. \_\_\_\_\_

Foundation type: Field Stone (can remain) \_\_\_\_\_ Concrete (must be removed) \_\_\_\_\_

Date of service disconnect: Cable \_\_\_\_\_ Telephone \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_

Gas lines \_\_\_\_\_ Sewer \_\_\_\_\_ Other \_\_\_\_\_

Written permission of the owner must accompany this application if filed by person other than the legal property owner.

Date of permission \_\_\_\_\_ If not applicable, initial here \_\_\_\_\_

It is hereby understood that the demolition debris shall be properly disposed of and the foundation shall be raised to a sufficient depth as per requirements of the Code of the City of Port Jervis and to the satisfaction of the Building Official.

NAME, ADDRESS & PHONE NO. OF COMPANY PROVIDING CONTAINER FOR DEBRIS REMOVAL:

### Special Requirements:

- 1.) Lights, barricades, signs, ropes, and/or flag man shall be provided as necessary to assure the safety of the public: \_\_\_\_\_
- 2.) Other: \_\_\_\_\_

Estimated cost of demolition: \$ \_\_\_\_\_ Date all work shall be completed by: \_\_\_\_\_

I have read the above and I certify that all of the statements contained herein are true and correct.

\_\_\_\_\_  
Signature of owner or contractor

Date application approved: \_\_\_\_\_ Date of application disapproved: \_\_\_\_\_

Reason(s) For disapproval \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Date paid \_\_\_\_\_ Receipt# \_\_\_\_\_ Permit# \_\_\_\_\_ issued \_\_\_\_\_

Verification job completed satisfactory: Date \_\_\_\_\_ Inspecting Officer: \_\_\_\_\_

Email Address \_\_\_\_\_