

APPLICATION NO. _____

VILLAGE OF ROUSES POINT
P.O. BOX 185
ROUSES POINT, NEW YORK 12979

DEMOLITION PERMIT APPLICATION
OFFICE OF THE CHIEF CODE ENFORCEMENT OFFICER

PH#: (518) 297-5502

FAX # (518) 297-3818

1. Owner: _____ Address: _____ Phone: _____

2. Contractor: _____ Address: _____ Phone: _____

3. Building to be demolished is located at: _____

4. No. of stories: _____

5. Size of building: _____

6. Brief explanation for demolition:

7. Are other permits required: Yes ____ No ____

IF DRAWINGS ARE REQUIRED THEY ARE TO BE ATTACHED TO THIS APPLICATION.

I, the undersigned, am the authorized owner/agent of owner named in the above application and I certify the truth of all the statements or representations contained therein.

Date: _____ Signature of Applicant: _____