PERMIT NO. _____
(Code Office will fill in)

TOWN OF CAMILLUS

Code Enforcement Office, 4600 West Genesee St., Syracuse, NY 13219; Phone 315-487-8930; Fax 315-487-6976

Application for Demolition Permit

Fee to Accompany Application

NAME OF APPLICANT: _____

ADDRESS: _____

PROPERTY TAX NUMBER: _____. - ____ - ____. __ *(Code Office will fill in)*

NAME AND ADDRESS OF **OWNER**: _____

_____

LOCATION OF BUILDING BEING DEMOLISHED: _____

_____

SIZE AND DESCRIPTION OF BUILDING: _____

_____

*PUBLIC SEWER CONNECTION: _____ **(YES or NO)** IF YES, PUBLIC SEWER MUST BE CAPPED BY A LICENSED PLUMBER AND A PLUMBING PERMIT IS REQUIRED

☐ REFERRED TO CAMILLUS HISTORICAL SOCIETY FOR REVIEW

METHOD OF DISPOSAL OF DEBRIS (WHERE) _____

_____

ASBESTOS ABATEMENT REPORT ATTACHED _____

ESTIMATED COST OF DEMOLITION: _____

Remainder will be completed by the Code Enforcement Office

PERMIT

Permission is hereby **granted** to demolish the above described building

_____

DATE **INSPECTOR (C.E.O)**

Fumigation: check one ☐ Required (certified) ☐ Not required

Fee: check one ☐ $15.00 for residential ☐ $50.00 for other

Copies to:
- ☐ Town Clerk
- ☐ Town Assessor
- ☐ Highway Superintendent (if applies)
- ☐ Onondaga County Plumbing Control Section

(Rev. 10/10/2014)