



**Town of Halfmoon
 2 Halfmoon Town Plaza
 Halfmoon, NY 12065
 371-7410 ext. 2260
 Fax: 371-0304
 Building Department**

***DEMOLITION
 PERMIT
 Application***

Permit #: _____

Application Date: _____

Fee: _____

Residential Commercial

Address/Location: _____ **SBL#** _____

Property Owner:

Name (PRINT): _____

Address: _____

Telephone #: _____ Email: _____ **D.O.B.:** _____

(Property Owner)

Contractor/Company Performing Demo:

Name (Print): _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Insurance Carrier: _____

Workers Comp (C105.2 Form): Date: _____ **Liability(Accord 25 Form):**Date: _____

Asbestos Abatement Form: _____ **Disposal Site:** _____

Applicant Signature: _____ **Date:** _____

*****Please contact the Building/Code Enforcement Office when demolition has been completed for a final inspection*****

(For Department Use Only)

Action: Approved Disapproved Reason for Disapproval: _____

Signature: _____ **Date:** _____

Title: _____