VILLAGE OF CAMILLUS
CODE ENFORCEMENT OFFICE
37 Main Street | Camillus, NY 13031
Phone: (315) 672-3484
codes@villageofcamillus-ny.gov

DEMOLITION PERMIT
APPLICATION PROCEDURE

A) Complete all applicable sections of the Demolition Permit Application.

B) Sign and date the bottom of the application.

C) Submit the following required items with your completed application:
   (Some may not be applicable to your project)

   ☐ Copy of a property survey indicating the project location
   ☐ An asbestos survey (does not apply to owner-occupied single family dwellings where the owner performs all of the work)
   ☐ A complete description of the project including, if necessary, details on any erosion, runoff and siltation control measures to be installed
   ☐ Approved Site Development Permit (If disturbing one acre or more of land)
   ☐ Contractor Insurance Certificates with Village of Liverpool as certificate holder:
      o General Contractor's Liability Insurance Certificate
      o General Contractor's Workman's Compensation Insurance Certificate or exemption
         (Form C-105.2, GSI-105.2, U-26.3, CE-200, SI-12 or BP-1)

D) Typical applications take 3-5 days to review.

E) Any erosion, runoff and siltation control measures must be inspected and approved before work can commence.

F) Length of validity. Permits shall be valid for up to six months from date of issue. The time period may be extended for good cause provided that an extension application is submitted prior to the expiration date.

G) Call 811 Before You Dig! You must call for a location request at least two working days but not more than 10 working days before any excavation starts.

VILLAGE OF CAMILLUS

37 Main Street, Camillus, NY 13031

(315) 672-3484 / Fax: (315) 672-5323

DEMOLITION PERMIT APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Project Address: _____ Tax Map No. _____.- _____ - _____ Zoning: _____

Property Owner: _____ Day Time Phone: _____

Owner Address: _____ E-mail: _____

Description of the proposed demolition: _____

_____

Dimensions of structure to be demolished: Width: _____ Length: _____ Sq. Footage: _____

Is the project within 100' of any wetlands? _____ Estimated cost of demolition: $ _____

Is the project in a flood hazard zone? _____ Will there be a disturbance of one or more acre of soil?

Contractors:

Asbestos Survey: _____ Contact: _____ Phone: _____

Asbestos Abatement: _____ Contact: _____ Phone: _____

Demolition Work: _____ Contact: _____ Phone: _____

Demolition Contractor Address:

The applicant shall be responsible for:

1. Proper disconnection of all utilities including water, gas, electric, sewer, telephone, cable, etc.
2. Calling 811before bringing heavy equipment on site or excavating.
3. Erosion, runoff, and siltation control measures in accordance with New York State guidelines.
4. Dust, mud, and debris control on public highways.
5. Maintaining fire department access to the site and maintaining fire extinguishers when required.
6. Proper waste disposal.
7. Reclamation, including suitable replacement of ground cover, topsoil and seeding.

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work performed under any resulting permit will comply with the requirements of the NYS Department of Labor, the NYS Uniform Fire Prevention and Building Code, the Village of Camillus Code and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

Inspections Required: I understand I am responsible to ensure that dust, litter and site security control measures are in place and maintained and that in no case shall work commence until such measures have been approved by the Code Official. Any sewer disconnection is to be inspected prior to backfilling.

Consent to Enter Property: By signing this application I agree to allow representatives of the Village access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

SIGNATURE OF OWNER OF PREMISES: X **DATE:**

Official Use Only		
Application No.:	Date Completed:	Fee:
Date Approved:	Approved By:	FMV:
Date Denied:	Denied By:	Date Notified:
Reason Denied:		