



Village of Ravenna  
Building Department  
15 Mountain Rd.  
Ravena, NY 12143  
Phone: (518) 756-8201  
Fax: (518) 756-8356

For Building Inspector Use:  
Tax Map #: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Permit Fee: \$ 25  
Insurance Cert:  Liability  Workman's Comp  
CE-200 Date \_\_\_\_\_ or  Owner Occupied 439  
Permit:  Approved  Denied  ZBA  
CO or CC Date: \_\_\_\_\_

## **Application for Demolition Permit**

**A PERMIT MUST BE OBTAINED BEFORE STARTING WORK  
RESIDENTIAL PERMIT EXPIRES IN TWELVE (12) MONTHS  
ALL PERMITS REQUIRE A FINAL INSPECTION**

Address of proposed work: \_\_\_\_\_

Owner's Name _____	(if different than owner:)
Address _____	Applicant's Name _____
_____	Address _____
Phone _____ Cell _____	Phone _____ Cell _____

Zoning District: _____	Name of Compensation or General Liability
Lot Size: _____ Area: _____	Carrier & Policy #: _____
Existing Building Size: _____	_____
New Building Size: _____	

Existing Use of Property: \_\_\_\_\_  
\_\_\_\_\_  
Proposed Use of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application is hereby made to the Building Department for the issuance of a Demolition Permit pursuant to the New York State Building Construction Code for removal or demolition, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations, and all conditions expressed on this application which are part of these requirements, and also will allow all inspectors to enter the premises for the required inspection.

## Sketch or Photo

Sketch below the structure or the part of the structure to be demolished OR affix a clear photo of the same:

\_\_\_\_\_  
Signature of Owner, Applicant or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner, Applicant or Agent

For Building Inspector use:

This application is hereby  approved  disapproved and permission  granted  refused for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above.

Reason for refusal of permit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Building Inspector