

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

For Building Inspec	tor Use:
Tax Map #:	
Permit #:	
Permit Fee: \$ 25	
Insurance Cert: 🗆 Li	ability 🗆 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 Address	Address
PhoneCell	
Zoning District: Area: Existing Building Size: New Building Size:	Carrier & Policy #:
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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

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