



# TOWN OF GALWAY

## Code Enforcement

5910 Sacandaga Road, Galway, NY 12074

Cell (518) 514-8012 Office (518) 882-6070

mluettters@townofgalwayny.gov

## DEMOLITION BUILDING PERMIT APPLICATION

- APPLICATION MUST BE FILLED OUT COMPLETELY**, including all information and signatures.
- PERMIT FEE:** Residential \$75 Commercial \$300 (Checks made payable to *Town of Galway*, Money Order, or exact cash amount.)
- INSURANCE REQUIREMENTS:** Applicants who are the property owners must provide a current form CE- 200. All other applicants provide NYS Disability and Workers Compensation and NYS Liability insurance (minimum \$1,000,000), naming the Town of Galway as additionally insured.
- ADDITIONAL REQUIREMENTS:** Asbestos survey from a NYS Licensed Asbestos Removal Contractor. Letter from National Grid stating that electricity has been disconnected.
- FINAL INSPECTION:** Required before issuance of a Certificate of Compliance.

### HOLD HARMLESS:

Applicant to initial:  _____
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The individual filing this application, to the fullest extent provided by law, shall indemnify and save harmless the Town of Galway, its agents and employees (hereinafter referred to as "Town"), from and against all claims, damages, losses and expense (including, but not limited to, Attorney's fees), arising out of or resulting from the performance of the work covered by this Building Permit Application, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of applicant, its contractor or its employees or anyone for whom the contractor is legally liable or subcontractors.

### PROJECT DESCRIPTION (Construction type, use of buildings, no. of buildings being demolished, total floor area, no. of stories):

\_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

TAX MAP ID: \_\_\_\_\_ COST OF WORK: \_\_\_\_\_

OCCUPANCY CLASSIFICATION OF ANY AFFECTED BUILDING OR STRUCTURE (circle one): RESIDENTIAL COMMERCIAL AGRICULTURAL

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER'S NAME (if not applicant): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_