

Town of Oswego
2320 County Route 7 Oswego, NY 13126
Wayne Newton, Zoning, Building, Fire Inspections, Code Enforcement
Phone: (315) 343-0485 Fax: (315) 343-4414

APPLICATION FOR DEMOLITION

Structure to be demolished is a _____

located at _____

Name of Owner _____ Phone # _____

Address of Owner _____

Tax map number _____

Contractor's insurance Yes _____ No _____

Workers Comp Ins. Form C-105.2 or U-26.3 Yes _____ No _____

Asbestos survey required? Yes _____ No _____

Asbestos survey results received? Yes _____ No _____

I do swear that the project is only as stipulated above and no other work will be done under this application.

Applicant's Signature

Inspector _____

Fee _____

Date _____

Permit Notes

THIS PAGE MUST BE COMPLETED IN FULL

Tax Map # _____ Owners Name _____

Project Address _____ Building Permit # _____

Exterior Wall Material:

wood brick aluminum/vinyl composition concrete stucco stone

	<u>New</u>	<u>Existing</u>
Number of Full Baths	_____	_____
Number of Half Baths	_____	_____
Number of Bedrooms	_____	_____
Fireplace <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Heat Type:

No central Forced Air Hot water/steam electric

Fuel Type:

none gas electric oil wood solar coal geothermal
 propane

Central Air: Yes No

Basement Type:

Pier/Slab Crawl Partial Full _____

Enclosed Porch/Sunroom:

Heated Unheated _____

Garage/Pole Barn:

Electricity Yes No _____

Floor Material

Dirt Concrete Other _____

Deck: covered uncovered

Dimensions: _____

Name: _____ Tax Map # _____