

## **DEMOLITION PERMIT APPLICATION**

This application is for supplemental heating such as pellet stoves, woodstoves, and gas fireplaces.

YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.

**NO WORK MAY PROCEED WITHOUT A VALID PERMIT & SITE NOTICE.**

**INSPECTIONS MUST BE REQUESTED PRIOR TO USE OF APPLIANCE.**

BEFORE SUBMITTING YOUR APPLICATION, PLEASE MAKE SURE YOU COMPLY WITH THE FOLLOWING:

- Make check payable to the **Town of Kingsbury**. This is a non-refundable application fee.
- Complete all pages of the application in INK. **Make sure that you have signed it.**
- Attach two (2) copies of your plans.
- Proof of Worker's Compensation Insurance must be supplied before a permit can be issued. Submit either proof of Worker's Compensation Insurance or provide CE-200\*.
- Proof of Worker's Disability Benefits coverage must be supplied before a permit can be issued. Submit either proof of Disability Benefits Coverage, provide affidavits, or provide CE-200\*.
- If the applicant is NOT the property owner, written authorization from the property owner for the demolition MUST be submitted in support of the application. **The application cannot be processed without this.**
- All projects must comply with all local laws. Local Regulation Compliance sheet (**LRCC #1**) must be completed before submitting your application. Please be sure that the LRCC #1 is signed by both the Applicant and the Local Official. NOTE: The LRCC #2 must be completed AFTER demolition and cleanup is finished and a final inspection is performed.
- Written verification, on service providers' letterhead, must be provided for all utilities including but not limited to Water, Sewer, Gas, and Electric. It must confirm that service has been terminated, supply lines disconnected, capped, and marked/located.
- At the discretion of the Code Enforcement Office, a site consultation may be required PRIOR to the issuance of a demolition permit.
- DIG SAFELY NEW YORK must be contacted prior to any digging. CALL 811 BEFORE YOU DIG (<http://www.digsafelynewyork.com>)

\*CE-200 can be obtained by referring to the Workers Compensation website:

<https://www.wcb.ny.gov/icexempt/wavdisclaimer.jsp>

**TOWN OF KINGSBURY**  
 Department of Code Enforcement  
 6 Michigan Street  
 Hudson Falls, NY 12839  
 Phone: 518-747-2188 x. 3006 or 3008

**DEMOLITION PERMIT APPLICATION**

<b>PROPERTY INFORMATION</b>	
Owner's Name _____	Cell # _____
Property Address _____ _____ _____	Home # _____ Email _____
Tax Map Section _____ Block _____ Lot _____	
<b>APPLICANT INFORMATION</b> <i>(if different from Property Information)</i>	
Name _____	<b>APPLICANT IS:</b>
Mailing Address _____ _____ _____	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Agent <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Builder/Contractor
Cell Phone # _____ Home # _____	
Email _____	
If Owner/Applicant is a Corporation, Give the name and title of two (2) officers	_____ _____
Notes:	
Type of Building(s) to be demolished (Check all that apply):	Description
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Garage	_____ _____ _____
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> Business <input type="checkbox"/> Industrial <input type="checkbox"/> Storage <input type="checkbox"/> Other	_____ _____ _____
<b>Utilities</b> (Check all that apply)	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil/Kerosene <input type="checkbox"/> Electric <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer	
<input type="checkbox"/> Other _____ Have you notified all applicable service providers for disconnect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all utilities been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Asbestos Information: IMPORTANT! See instruction page for information regarding asbestos. No demolition work may begin without submitting to the office a copy of the Asbestos Abatement Report, if applicable.</b>	
Is there any asbestos in the building (suspected or confirmed)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the person/firm responsible for demolition licensed for asbestos abatement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name/Address/License No.:	
Location of asbestos disposal:	

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**PLOT DIAGRAM**

- Locate all buildings, applicable septic systems, and water supplies (existing and proposed).
- Show Street(s)/Road(s) and their name(s).
- Show setback distances from Street(s)/Road(s) and adjacent property lines.

APPLICATION is hereby made to the Town of Kingsbury Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of the Town of Kingsbury and the Building Codes of New York State. Applicant agrees to comply with all applicable provisions of local, county, and State laws and/or ordinances and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
DATE

Please note the ACORD forms are **NOT** acceptable proof of New York State  
Worker's Compensation or Disability Benefits Insurance Coverage

### ***Workers' Compensation Requirements under Workers' Compensation Law §57***

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

1. be legally exempt from obtaining workers' compensation insurance coverage; or
2. obtain such coverage from insurance carriers; or
3. be a Board-approved self-insured employer; or
4. participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the government entity issuing the permit or entering into a contract:

1. Form [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*; Form CE-200 can be filled out electronically on the Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov). Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or
2. Form [C-105.2](#), *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the [U-26.3](#); or
3. Form [SI-12](#), *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or [GSI-105.2](#), *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

### ***Disability Benefits Requirements under Workers' Compensation Law §220(8)***

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

1. be legally exempt from obtaining disability benefits insurance coverage; or
2. obtain such coverage from insurance carriers; or
3. be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

1. [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);
2. [DB-120.1](#), *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or
3. [DB-155](#), *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at (518-402-0247).

**NYS Agencies Acceptable Proof:** Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that **for building permits only**, certain homeowners of 1, 2, 3 or 4 family owner -occupied residences serving as their own General Contractor may be eligible to file Form [BP-1](#) (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.ny.gov/content/main/forms/bp-1.pdf>)

*New York State Workers' Compensation Board – December 2011*