



DEMOLITION PERMIT

TOWN OF ULYSSES BUILDING, CODE, PLANNING, & ZONING DEPARTMENT

Office Use Only	
Fee	
Permit #	
Check #	

This is not a Building Permit: No work is authorized until this application is completed and approved, the application fee is paid, and the permit is issued. Applications should be made well in advance. Incomplete applications will not be processed.

Electronic submittal is preferred. Please email PDFS of application materials to code@townofulyssesny.gov.

Complete applications must include the following:

- Completed application form
- Contractor insurances and license
- NYS Workers Compensation Certificate (CE-200)
- Attached plot plan: Tax map or survey map indicating location of structure to be demolished
- Asbestos and/or lead certifications, if applicable
- Application Fee: Cash, card, or check payable to "Town of Ulysses"

CONTACT INFORMATION					
APPLICANT					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
OWNER					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
PRIMARY CONTACT:	APPLICANT	OWNER	OTHER, PLEASE SPECIFY BELOW		
NAME					
PHONE		EMAIL			

PROJECT SITE INFORMATION			
ADDRESS			
PARCEL NO(S)			
PROPERTY TYPE	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner (<i>attach your CE-200 Exemption Form</i>) <input type="checkbox"/> Contractor (<i>attach Workers' Compensation documents</i>) <input type="checkbox"/> Other _____		
ESTIMATED PROJECT COST	\$	ESTIMATED SQFT OF PROJECT	

Has there been an Asbestos Survey?	<input type="checkbox"/> Yes (attach with application) <input type="checkbox"/> No
Has there been a Lead Survey?	<input type="checkbox"/> Yes (attach with application) <input type="checkbox"/> No
Reason for Demolition?	
Any active water, gas, or electric?	

SIGNATURE	
By signing below, I hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand I cannot occupy or use area of work until completed and final certificates are issued by the Town of Ulysses. I understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local zoning code.	
Applicant's Signature	
Name (printed)	
Applicant's Role	<input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other _____
Date	

