



# BUILDING PERMIT APPLICATION: DEMOLITION

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

## **This is not a Building Permit:**

No work is authorized until your application has been reviewed and you have received a permit.

All demolitions require a permit. For other application forms visit

<https://www.townofulyssesny.gov/departments/bcpz/permits/>.

## 1. **Application Instructions:**

- A. Applications should be made well in advance of your intended start date.
- B. Complete this packet and return it to our office, including all attachments relevant to your project.
- C. Electronic submittals are preferred. Email PDFs of application documents to [code@townofulyssesny.gov](mailto:code@townofulyssesny.gov).

## 2. **Following the issuance of a building permit:**

- A. A copy of the permit will be sent to the applicant when it is approved.
- B. The permit must be posted at the project site in a conspicuous location.
- C. Any changes to permitted work must be approved.
- D. Permits are valid for one year.
- E. **INSPECTIONS:**
  - i. It is the responsibility of the **property owner** to ensure that work has been performed as permitted and inspections have been completed.
  - ii. Required inspections will be listed on the permit when it is issued. Instructions for scheduling inspections will be included on the permit.
  - iii. The Town of Ulysses does not perform electrical inspections. Companies that can perform an electrical inspection include:
    - 1. Commonwealth Electrical Inspectors: (585) 624-2380
    - 2. Atlantic-Inland, Inc.: (607) 753-7118
- F. A building may not be used or occupied until a **Certificate of Occupancy** has been issued.

## 3. **More Information:**

- A. Building codes are available online at <https://codes.iccsafe.org/codes/new-york>
- B. Email is the most effective way to reach our office. Contact information and links to other resources including the [Interactive Zoning Map](#) and [Ulysses Zoning Code](#) can be found on our department webpage: <https://www.townofulyssesny.gov/departments/bcpz/>

**Keep this page for reference.**

**Review the checklist on the next page and submit it with your application.**



10 Elm Street  
Trumansburg, NY 14886



607.387.5767



[code@townofulyssesny.gov](mailto:code@townofulyssesny.gov)  
<https://townofulyssesny.gov>

UPDATED 2025

OFFICE USE ONLY: PERMIT #:

**PART 1: DEMOLITION PERMIT APPLICATION CHECKLIST**

YES	NO	Review and complete the checklist. All items marked "Required" must be included for your application to be reviewed.
<input type="checkbox"/>	Required	1. Completed application form
<input type="checkbox"/>	Required	2. Certificates of Insurance:
<input type="checkbox"/>	<input type="checkbox"/>	A. Liability
<input type="checkbox"/>	<input type="checkbox"/>	B. Workers' Compensation*
<input type="checkbox"/>	<input type="checkbox"/>	C. NYS Disability & Paid Family Leave*
<input type="checkbox"/>	<input type="checkbox"/>	D. *If submitting application without WC & Disability COIs, <a href="#">a CE-200 must be provided</a> .
<input type="checkbox"/>	Required	3. Plot plan: A plot plan <b>is required for every building permit application</b> except interior-only or roofing permits. Use a tax map or an old survey map. Identify structure(s) to be demolished. The plot plan must include the following information:
<input type="checkbox"/>	Required	A. Entire parcel boundary
<input type="checkbox"/>	Required	B. All existing structures: location of demolition(s) clearly identified
<input type="checkbox"/>	Required	C. Utility connections
<input type="checkbox"/>	<input type="checkbox"/>	D. Streams/wetlands
<input type="checkbox"/>	Required	4. Asbestos/Lead Survey: This survey report must be completed by a licensed inspector. See the NYS Department of Labor's Asbestos Control Bureau webpage for details about finding a licensed contractor and other information about asbestos control requirements: <a href="https://dol.ny.gov/asbestos-control-bureau">https://dol.ny.gov/asbestos-control-bureau</a> .
<input type="checkbox"/>	<input type="checkbox"/>	5. Letter of Authorization: If submitting this application on behalf of the property owner, a letter of authorization from the property owner must be attached.
<input type="checkbox"/>	<input type="checkbox"/>	6. The following may also be required:
<input type="checkbox"/>	<input type="checkbox"/>	A. Floodplain elevation
<input type="checkbox"/>	<input type="checkbox"/>	B. Geotechnical assessment or report
<input type="checkbox"/>	<input type="checkbox"/>	C. Grading, fill, excavation data and associated Temporary Erosion and Sediment Control Plan (TESC)
<input type="checkbox"/>	<input type="checkbox"/>	D. Stream/Wetland Delineation/Report (please note, if there appears to be <a href="#">State jurisdictional wetlands</a> and/or associated buffers that impact the property, a DEC Jurisdictional Determination and/or Wetland Permit will be required to be submitted with this application.
7. Permit Fee: Reference the <a href="#">annual fee schedule</a> for current fee. Checks may be written to "Town of Ulysses" and brought or mailed to our office. <i>Application review will begin after the fee has been paid.</i>		



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PART 2: CONTACT INFORMATION				
APPLICANT				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		
OWNER				
ADDRESS				
CITY		STATE		ZIP
PHONE				
PRIMARY CONTACT: <input type="checkbox"/> APPLICANT <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER, PLEASE SPECIFY BELOW:				
NAME				
PHONE		EMAIL		

PART 3: PROJECT INFORMATION	
ADDRESS	
PARCEL NO(s)	
PROPERTY TYPE	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
WORK TO BE DONE BY	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____
Asbestos/lead survey attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Active utility connections? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project description:	

PART 4: 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 _____
<i>*Include a Letter of Authorization from the property owner if signing on their behalf.</i>	
Date	

OFFICE USE ONLY: PERMIT #:

FEE:

CHECK:



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