



Building Department
600 Main Street
Medina, NY 14103

PHONE 585-798-0770

FAX 585-798-5018

Building/Structure Demolition Permit Application

Permit Number: _____

Address of Proposed Demolition _____

Applicants Name: _____

Applicants Address: _____

Contractors Name: _____

Contractors Address: _____

Specify intended use of land _____

The applicant shall furnish evidence in the form of a certificate that public liability insurance is in force for the subject structure and property at the time of the demolition.

Insurance Company Name & Address _____

NOTE

- ☐ **The applicant shall be responsible for termination of all utilities serving the premises.**
- ☐ **Open excavations shall be filled to lot grade.**
- ☐ **Disturbed lot area shall be immediately finish graded and seeded with appropriate cover.**
- ☐ **Demolition work shall conform to all NYS and Village of Medina laws and regulation.**
- ☐ **Disposal of debris shall be in accordance with all NYS, County and Local regulations.**

I hereby certify that I am the _____ and that I am duly authorized to file this application and perform the requested work subject to all applicable laws, codes and regulations.

Signature

Print Name

Date

Size of Building/Structure (sq. ft.) _____

Fee \$ _____

Date _____

Code Enforcement Officer