Town of Orchard Park

Date: _____

BUILDING INSPECTOR'S OFFICE
S 4295 South Buffalo Street
Orchard Park, New York 14127-2609

Phone: 716-662-6430
Fax: 716-662-6419
www.orchardparkny.org

Demolition

Demolition Permit Application

Address: _____ Zone: _____

S.B.L # _____   Lot No _____

Type of Demolition:

☐ Principal Building _____

☐ Accessory Structure _____

☐ Fuel Tank _____

☐ Other _____

Town Clerk Stamp

Value of Work: $_____

Demolition Contractor: _____

    Address: _____

    _____
       City   State   Zip

    Phone: _____ Email: _____

Property Owner: _____
       Print and Sign

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park.

    Address: _____ Phone: _____

    _____
       City   State   Zip

☐ Letter of Authorization Submitted

*** It is the owner/ contractor's responsibility to notify all utility companies of starting date. All open holes and excavations to be filled to grade with run-of-bank gravel or fill as approved by owner. Provide survey indicating building(s) to be removed. All debris must be removed from site; public road surfaces to be kept clean of site construction debris and mud. ***

Official Use Only:

Items supplied: ☐ Survey   ☐ Asbestos Report ☐ Utility Confirmation   ☐ Extermination Report
      ☐ Sewer disconnect ☐ Worker Comp_____ ☐ Disability _____ ☐ Insurance Waiver _____

Building Inspector: _____ Issued: _____

Permit #: _____ Permit Fee_____ + Additional Fee_____ = _____