



VILLAGE of RICHFIELD SPRINGS

PO Box 271 Richfield Springs, NY 13439
315-858-1710 Fax: 315-858-9202

PRE-DEMOLITION APPLICATION

Owner _____ Phone _____ Address _____

Building(s) / Structure(s) being demolished _____ Tax Map # _____

Building/Structure Size (FT) Length _____ Width _____ Height _____ Stories _____

Contractor _____ Phone _____ Projected Cost \$ _____

Where will debris materials be disposed _____

VILLAGE CODE §275-19 compliance. Owner or contractor must provide proof of insurance with application:

- 1. **Certificate of Liability Insurance** Village as Certificate holder **and** Additional Insured limits \$500,000/\$1,000,000
- 2. **Certificate of Workers Comp Self-Insurance.** (Can be obtained online at www.wcb.ny.gov)
- 3. **Surety Bond or Security Deposit** in the amount of projected cost to cover compliance.

- 1. Work shall be adequately watered to control dust
- 2. Prior to backfilling an inspection shall be made to assurance compliance with Village Code.

Property Owner Signature _____ Date: _____

PROCEED TO COUNTY

NOT APPROVED _____

Application expires 60 days from approval date.

Robin Moshier, Mayor

Date

(Office Use Only)

WWTP / WTP / DPW Please Confirm with initials:

Water Off _____ Meter Removed _____ Sewer Capped _____ Inspected pre-backfill _____ Date _____