

Town of Wayne
P.O. Box 182
Wayne, NY 14893
607.292.3450
www.townofwayneny.com

## **DEMOLITION PERMIT**

Permit	#	

## Call Dig Safe UFPO, #811, before demolition

To:	Date:
To:(Owner or authorized agent of owner)	Tax ID
(Street Address)	I dx ID
(Town, State, Zip)	
Location of structure:	a company of the profession of the second
Describe the structure to be removed:	
Date of original construction:	9
Will the structure be replaced?	
What is the current occupancy classification	on?
Has an asbestos survey been completed? (Attach copy of report)	>
What is the method of demolition?	
How will you dispose of debris?	
Have you advised all Public Utilities of this (Attach copy of notification)	s demolition?
What is the contractor's name and addres	ss?
Does the contractor have Worker's Comp	ensation/Proof of Insurance?
Is there a septic tank on the property?	
Can you show proof of ownership?	

Please place Permit in a highly visible location