

DEMOLITION ATTACHMENT :

Permit No. _____

Town of Batavia

Location of Demolition Project

St. No. _____ St. Name _____

Last Use of Structure _____

Zone Building / Structure is located in _____ Commercial ___ Residential ___

Contractors Name _____

Address _____

Office Phone No. (____) _____ Cell Phone No. (____) _____

Fax No. (____) _____ Explosives to be used Yes / No

Certificate of Workman's Compensation Yes / No Expiration Date ___ / ___ / ___

Liability Insurance Yes / No Expiration Date ___ / ___ / ___

Method of Demolition _____

Starting Date ___ / ___ / ___ Proposed Completion Date ___ / ___ / ___

**Notification of Utility Co.'s, Town Dept.'s and Emergency Response Personal
for Termination of Services and Emergency Pre-Planning**

Sheriff's Dept. _____	Date ___ / ___ / ___
Fire Dept. _____	Date ___ / ___ / ___
Water Supt. _____	Date ___ / ___ / ___
Highway Supt. _____	Date ___ / ___ / ___
Niagara Mohawk _____	Date ___ / ___ / ___
National Fuel Gas _____	Date ___ / ___ / ___
Telephone Co. _____	Date ___ / ___ / ___
Cable Co. _____	Date ___ / ___ / ___

I hereby agree to be bound by the provisions of the Ordinances, Specifications and Regulations of the Town of Batavia governing demolition work and to such special conditions, restrictions and regulations as may be imposed by the Code Enforcement Official.

Applicant's Signature _____ Date ___ / ___ / ___