

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 ____ / ____ / ____