

TOWN OF DENNING  
PO Box 277  
Claryville NY 12725

Building Department  
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Fleischmann NY 12430  
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(845) 254-4340  
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APPLICATION FOR A DEMOLITION PERMIT

PERMIT # \_\_\_\_\_ Date \_\_\_\_\_ Fee \$75.00

=====

Name of Owner: \_\_\_\_\_ Date : \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Tax Map # \_\_\_\_\_

Address of Building to be demolished \_\_\_\_\_

is any asbestos present	Yes	No	Use of Building: Residential.....[ ]
is any lead present	Yes	No	Accessory Building .....[ ]
			Agricultural.....[ ]
			Commercial.....[ ]
			Industrial.....[ ]
			Other (describe).....[ ]

\_\_\_\_\_  
\_\_\_\_\_  
Name of contractor demolishing  
Building \_\_\_\_\_

Address \_\_\_\_\_

Certificate of Insurance: \_\_\_\_\_

PERMISSION is HEREBY GRANTED to the ABOVE NAMED INDIVIDUAL or FIRM TO  
COMMENCE the DEMOLITION of the BUILDING SO DESCRIBED in THIS APPLICATION  
PURSUANT to ALL LOCAL, STATE, and FEDERAL CODES.

ACCEPTED \_\_\_\_\_

APPROVED \_\_\_\_\_