

Village of East Hampton
86 Main Street
East Hampton NY 11937

(631) 324-4150

Fax (631) 324-4189

www.easthamptonvillage.org

APPLICATION FOR DEMOLITION PERMIT

There is a \$100.00 fee

Department use only

Received _____

Rcpt # _____

Permit # _____

Approved () Denied ()

Date _____

Tax Map # 301- _____

Street Address _____

Property Owner _____

Mailing Address _____

Phone _____

If owner is a corporation/ Trust, furnish names of managing officers, partners or Trustees: Attach list

Corporate Property Owner

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Is the house in one of the Village's Historical Districts? () Yes _____ () No

Is the House on the National Registry? () Yes _____ () No

Contractor Responsible for Construction:

Name _____

Contractor's License No _____

Phone _____

Issued by () East Hampton () Suffolk

Workers Compensation No _____

Contractor Liability No _____

Start Date _____

End Date _____

(X) Workers' compensation certificate and contractor liability certificate must be attached to this application.

(X) A letter from PSEG-LI to confirm both electric and gas facilities have been removed for the purpose of demolition.

(X) An Asbestos Survey for structures built prior 1974.

Description of buildings and structures to be removed. Describe existing use of every structure:

STATE OF NEW YORK } ss.:
COUNTY OF _____ }

_____ being duly sworn, deposes and says that he is the applicant above
NAME OF INDIVIDUAL SIGNING APPLICATION
named, he is the owner, and is duly authorized to perform or have performed the work described above and to
make and file this application; that all statements contained in this application are true to the best of their
knowledge and belief; that the work will be performed in the manner set forth in the application; and that the
work shall comply with all applicable laws; ordinances and regulations.

Sworn to before me this

_____ day of _____ 20_____

Signature owner, managing officers,
partners or trustees

Print Name

NOTARY PUBLIC

Sworn to before me this

_____ day of _____ 20_____

Signature owner, managing officers,
partners or trustees

Print Name

NOTARY PUBLIC

Sworn to before me this

_____ day of _____ 20_____

Signature owner, managing officers,
partners or trustees

Print Name

NOTARY PUBLIC

DISPOSITION: Approved ()
 Denied ()

Code Enforcement Officer

Code Enforcement Officer

cc: () Applicant () License File () Emergency Services File () Deed File