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**APPLICATION FOR AN INTERIOR DEMOLITION PERMIT  
OR SIDING/WINDOW REMOVAL**  
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*Fill out the following information regarding the demolition of the structure. Submit an up to date survey map of the property showing the location of the structure to be demolished. The owner or authorized agent of the structure must sign this application. The fee for this permit is **\$50.00***

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Name of Structure Owner \_\_\_\_\_

Address of Structure Owner \_\_\_\_\_

Name of Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Contractor \_\_\_\_\_

\_\_\_\_\_

**INFORMATION ON STRUCTURE OR PORTION OF STRUCTURE TO BE DEMOLISHED:**

Address \_\_\_\_\_

Tax Map Number \_\_\_\_\_

Description of Structure or Portion to be demolished \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Village of Skaneateles**  
26 Fennell Street  
Skaneateles, New York 13152  
315-685-2118 Fax 315-685-2118

Present use of Structure \_\_\_\_\_ Year Constructed \_\_\_\_\_

Reason for Interior Demolition \_\_\_\_\_

\*If the structure was built prior to 1980, please submit a copy of the Asbestos/Lead Survey Report and the Removal Abatement Certification Declaration.

Is this a partial or a full interior demolition? \_\_\_\_\_

What percentage of the interior of the structure will be demolished? \_\_\_\_\_

Will the siding be replaced? Yes/No \_\_\_\_\_

Will the windows be replaced? Yes/No \_\_\_\_\_

Will interior studs be replaced?  All  Some

Detail dust control methods to be used during interior demolition \_\_\_\_\_

Will utility connections be terminated? Water \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Sewer \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Structure Owner

Date \_\_\_\_\_