TOWN OF OSSINING

BUILDING & PLANNING DEPARTMENT

101 ROUTE 9A, P.O. BOX 1166

OSSINING, N. Y. 10562

PHONE: (914) 762-8419 FAX: (914) 290-4656

website ***www.townofossiningny.gov*** ***email*** ***building@townofossiningny.gov***

DEMOLITION APPLICATION REQUIREMENTS

Demolition Requirements:

- Completed demolition application.
- Fee payment of: $200.00 for structure less than 1000 square feet or
  $400.00 for structure over 1000 square feet.
- A copy of the property survey scale, to show removal. Gross square footage on the plan.
- Insurance Requirements.
- Copy of the homeowner's insurance policy showing you have General Liability coverage.
- Contractor Certificate of Liability Insurance naming "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as the certificate holder and additionally insured. The job location must be referenced on this certificate with the statement that "Town of Ossining is additionally insured".
- Certificate of Insurance for Workers' Compensation (Form 105.2) with "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as certificate holder.
- New York State Disability Form (DB-120.1) with "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as certificate holder.
- Westchester County License.
- Certificate of Public Liability and Property Damage Insurance.
- Notice from D.P.W. confirming water and sewer lines are properly shut off.
- Notice from Con Edison certifying gas and electric service are disconnected and meters removed.
- Certificate of Asbestos removal by qualified agency.
- Certificate of Compliance from qualified exterminator.

- Detailed description of work to be performed.
- Work must be adequately sprinkled to control dust.
- Basement slab must be broken.
- Wall must be cut 6” below finished grade.
- Before backfilling, an inspection must be made to assure that all rubbish is removed.
- Backfill must be clean.
- Fill must be brought up to surrounding grades, leveled and seeded.

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BUILDING DEMOLITION APPLICATION

Date_____ Fee_____

Application is hereby made to demolish and remove the following described building:

Address_____

Use of Building_____

Number of Stories_____ Number of Dwelling Units_____

Section_____ Block_____ Lot_____

Description of Work:_____

_____

Owner_____ Contractor_____

Address_____ Address_____

_____ _____

Phone_____ Phone_____

Signature_____ Signature_____

Permit No._____

Permission is granted to_____ to demolish and remove the building at_____

Insurance Carrier_____

No._____

Expiration Date_____

Demolition Approved_____

Date_____ _____

Building Inspector