

**Town of Concord  
Code Enforcement/Building Inspector**

86 Franklin Street  
P.O. Box 368  
Springville, NY 14141  
(716)592-4946 x 314

**Demolition Permit Number:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

(please print)

Location: \_\_\_\_\_

Date Received: \_\_\_\_\_

New Permit Application \_\_\_\_\_ Renewal Permit Application \_\_\_\_\_

Permit Fee \$ 75.00

ALL FEES ARE NON-REFUNDABLE

Paid \$ \_\_\_\_\_  cash  check # \_\_\_\_\_

Received: \_\_\_\_\_ By: \_\_\_\_\_

To the best of my knowledge, the foregoing application and plans conform to the codes and policies of the Town of Concord.

\_\_\_\_\_  
Code Enforcement Officer Date

# Town of Concord

## Demolition Permit Application

**ALL FEES ARE NON-REFUNDABLE**

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Property Address: \_\_\_\_\_

SBL# (attach copy of tax bill): \_\_\_\_\_

Zone: \_\_\_\_\_

Applicant is: Property Owner    Contractor    Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Day Phone/Cell No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Demolition:**                      **Size:** \_\_\_\_\_ **feet long:** \_\_\_\_\_ **feet wide:** \_\_\_\_\_

Constructed of:	<input type="checkbox"/> Frame <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Block <input type="checkbox"/> Brick	Used as:	<input type="checkbox"/> Single Dwelling <input type="checkbox"/> Double Dwelling <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Barn <input type="checkbox"/> Shed <input type="checkbox"/> Commercial Bldg <input type="checkbox"/> Industrial Bldg <input type="checkbox"/> Restaurant
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- It is the owner/contractor's responsibility to notify all utility companies of the starting date.
- All open holes and excavations to be filled to grade with run-of-bank gravel or fill as approved by owner.
- Provide survey indicating building to be removed.
- All debris must be removed from site.
- Public road surfaces to be kept clean of site construction debris and mud.

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Name of Contractor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Workman's Comp. Ins.: \_\_\_\_\_ NYS Disability Ins.: \_\_\_\_\_

Address: \_\_\_\_\_

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