



Village of Greenport Building Department  
236 Third Street, Greenport, New York, 11944  
(631) 477-0248 Ext. 201 [www.villageofgreenport.org](http://www.villageofgreenport.org)

## **DEMOLITION PERMIT APPLICATION**

1. Application for Demolition Permit (3 pages – to be signed and notarized)
2. Inspection Information Sheet (to be signed and notarized)
3. Contractor's three (3) Proofs of Insurance: Liability (Acord form, \$2M/\$1M min.), Workers' Compensation (C-105.2 form), & Disability (DB 120.1 form). Forms shall contain the name of the property owner and property location and list the Village of Greenport as the additional insured/contract holder.
4. Please submit this completed form, signed and dated by the applicant, along with three (3) sets of plans prepared by a licensed design professional. Please also submit one (1) additional digital version.
5. Owner/Applicant must submit completed Asbestos Certification Form (FORM-AC1).
6. Placement of a dumpster on ANY Village street will require an additional permit.
7. Fee is determined in accordance with Chapter 65-7E of the Village of Greenport Code

**\* Please allow 2-4 weeks for review, and approval/issuance once application has been accepted.**

**Date of Application** \_\_\_\_\_



## APPLICATION FOR DEMOLITION PERMIT 1/3

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Permit No. \_\_\_\_\_ Building Permit Fee \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

All information below is to be filled out by the applicant. A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK.

### **THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Name, if applicable \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

### **CONTACT PERSON (if different from owner)**

*The person to receive all correspondence including permit and associated certificate:*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Name, if applicable \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

*IF ANYONE OTHER THAN THE OWNER COMPLETES THIS APPLICATION, WRITTEN CONSENT FROM THE OWNER MUST BE SUBMITTED WITH THIS APPLICATION.*



## **APPLICATION FOR DEMOLITION PERMIT 2/3**

236 Third Street, Greenport, New York, 11944

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**Location of work site:**

Suffolk County Tax Map Number: 1001 Section : \_\_\_\_\_ Block: \_\_\_\_\_ Lot \_\_\_\_\_  
Street Address: \_\_\_\_\_ Greenport, New York, 11944

**Zoning District:** [ ] WC [ ] R1 [ ] R2 [ ] PD [ ] CR [ ] CG

**Is property located within the Historic District?** [ ] Yes [ ] No

**Please describe in detail the project and/or special conditions:**



## **APPLICATION FOR DEMOLITION PERMIT 3/3**

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**Contractor:** \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Carting Company:** \_\_\_\_\_

License No. \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **AFFIDAVIT**

Village of Greenport      )  
Town of Southold      )  
County of Suffolk      ) ss      State  
of New York      )

I swear that to the best of my knowledge and belief that the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Code, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work and inspections are authorized by the owner. The Village of Greenport is hereby granted permission to enter the property listed as the "Location of Work Site" for the purposes of inspecting my property until this permit has been legally closed. I understand that this permit will be issued and accepted on condition that the provisions of Federal, State and Local rules and regulations, and any additional requirements of this Demolition Permit Application are complied with. Any violation of all applicable codes, or deviations from the approved plans may result in the immediate revocation of this Permit & legal action taken against me. No responsibility rests upon the Village of Greenport, Code Enforcement, the Fire Marshal or the Fire Department by reason of this application and permit.

Sworn to me before this \_\_\_\_\_ day      Signature \_\_\_\_\_  
of \_\_\_\_\_ 20 \_\_\_\_\_      Owner or Applicant

\_\_\_\_\_  
Notary Public, Suffolk County, New York

## INSPECTION INFORMATION SHEET

Inspections must be made by the Building Department within four (4) months of the issuance of a Demolition Permit.

**It is the responsibility of the applicant, owner, or contractor to request inspections from the Building Department.**

**\*IF DEMOLITION WORK DOES NOT START WITHIN ONE HUNDRED & EIGHTY (180) DAYS FROM THE DATE THE PERMIT WAS ISSUED, THE PERMIT SHALL BE DEEMED VOID.**

- Debris is NOT permitted to be buried.
- The owner/contractor is responsible for all drainage and flooding issues. The owner/contractor is responsible for runoff water & erosion containment during demolition.
- The Demolition Permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.
- Dumpsters shall be properly secured and promptly emptied by the applicant. Under no circumstances shall a dumpster be filled beyond its capacity.
- A set of approved demolition plans must always be kept on the job site during construction.

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I have read and understand all the rules, regulations, and requirements associated with this application for a building permit.

Furthermore, I understand that the applicant, or an authorized agent of the applicant, is responsible for scheduling all required inspections.

Sworn to me before this \_\_\_\_\_ day      Signature \_\_\_\_\_  
of \_\_\_\_\_ 20 \_\_\_\_\_      Owner or Applicant

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Notary Public, Suffolk County, New York