



DEMOLITION PERMIT APPLICATION

Village of South Glens Falls

P.O. Box 1210 • 46 Saratoga Avenue • South Glens Falls, N.Y. 12803
518-793-1455 • www.SGFNY.com • Fax 518-793-3063

(Applicant to complete items 1 - 8)

Permit Number: _____

Date: _____

Expires: _____

1. Applicant:

NAME: _____

ADDRESS: _____

PHONE: _____

2. Demolition Location: _____

ADDRESS

ZIP

3. Tax Map Number: _____

4. Owner:

NAME: _____

ADDRESS: _____

PHONE: _____

5. Demolition Contractor:

NAME: _____

ADDRESS: _____

PHONE: _____

A. Insurance Carrier: _____

B. Policy Number: _____

6. Proposed Demolition: _____

7. Reason for Demolition: _____

8. Copy of Deed Required. _____

SIGNATURE OF OWNER

DATE

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

DEMOLITION APPROVED _____ DENIED BY: _____ DATE: _____

REASON DENIED: _____

CONDITIONS (IF ANY):

DATE: _____

FEE: _____

BUILDING INSPECTOR: _____