



## BUILDING DEPARTMENT

Village of Sag Harbor.  
55 Main St., PO Box 660  
Sag Harbor, N.Y. 11963  
631-725-2804  
631-725-4852 fax  
firemarshal@sagharborNY.gov

# Memo

**To:** Prospective Applicants  
**From:** Thomas Preiato, Building Inspector  
**CC:**  
**Date:** 4/21/16  
**Re:** Demolition Permit Guidelines

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"Demolition" is defined in the Sag Harbor Village code as follows: *The destroying, tearing down or razing of all of a building (except in the Historic District).* Therefore, it is the purview of the Building Inspector to make determinations regarding whether or not all of a building is being demolished.

A policy has been set by the Building Inspector to guide applicants in determining the scope of their proposed project.

If the sum of the percentages of the perimeter foundation and exterior first floor walls that remain is less than 125%, a Demolition Permit is required.

Only portions of the foundation that are on the perimeter of the building and that support a load may be considered.

Only exterior first floor walls may be considered.

Examples of projects that **require** a Demolition Permit (sum is <125%):

100% of the foundation remains and all of the first floor walls have been removed = 100%

75% of the foundation remains and 25% of the first floor walls remain = 100%

50% of the foundation remains and 50% of the first floor walls remain = 100%

Examples of projects that **do not require** a Demolition Permit (sum  $\geq$ 125%):

100% of the foundation remains and 25% of the first floor exterior walls remain = 125%

75% of the foundation remains and 50% of the first floor exterior walls remain = 125%

65% of the foundation remains and 60% of the first floor exterior walls remain = 125%

Applicants seeking to avoid a demolition permit must be vigilant in monitoring the extent of demolition performed by their contractors. If at any point the degree of demolition exceeds the threshold, a Stop Work order will be issued until such time as a Demolition Permit is issued.

**APPROVED**  
HISTORIC PRESERVATION AND ARCHITECTURAL REVIEW BOARD

DATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**BUILDING DEPARTMENT**  
 Inc. Village of Sag Harbor  
 55 Main St., P.O. Box 660  
 Sag Harbor, N.Y. 11963  
 631-725-0224  
 631-725-4852 FAX  
 buildingdept@sagharborNY.gov

**DEPARTMENT USE ONLY**

RECEIVED: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_

LIENS VERIFIED:  Yes

FEE: \$ \_\_\_\_\_

## APPLICATION FOR DEMOLITION PERMIT

TAX MAP NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      PROPERTY LOCATION: \_\_\_\_\_  
DISTRICT      SECTION      BLOCK      LOT      LEGAL STREET ADDRESS AND NUMBER

PROPERTY OWNER: \_\_\_\_\_      APPLICANT: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_      MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_      PHONE: \_\_\_\_\_

APPLICANT IS:  OWNER  LESSEE  AGENT  ARCHITECT  BUILDER  OTHER: \_\_\_\_\_

**IF OWNER OR APPLICANT IS A CORPORATION, FURNISH NAMES OF MANAGING OFFICERS OR PARTNERS:**

CORPORATE PROPERTY OWNER

CORPORATE APPLICANT

NAME: \_\_\_\_\_      NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_      ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_      PHONE: \_\_\_\_\_

**CONTRACTOR RESPONSIBLE FOR CONSTRUCTION:**

NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_      CONTRACTORS LICENSE NO.: \_\_\_\_\_  
 WORKERS COMPENSATION NO.: \_\_\_\_\_      ISSUED BY:  SOUTHAMPTON  EAST HAMPTON  SUFFOLK

START DATE: \_\_\_\_\_      COMPLETION DATE: \_\_\_\_\_

- Workers' compensation certificate must be attached to this application.
- A recent title certification indicating lienholders (or lack thereof) must be attached to this application.

**NOTE:** The building department does not determine suitability of documentation regarding liens. Please refer to 300-17.2(A):

"No permit authorizing the demolition of a building shall occur unless the applicant provides a current title report approved as to form by the Village Attorney, enabling identification of any mortgagee or lienholder encumbering the premises, and the applicant further provides a written executed consent from any said mortgagee and/or lienholder authorizing said demolition, with any said consent in a form and substance approved by the Village Attorney."

ARE THERE ANY LIENS ON THE PROPERTY TO BE DEMOLISHED?  Yes  No

DESCRIPTION OF BUILDINGS AND STRUSTURES TO BE REMOVED; DESCRIBE EXISTING USE OF EVERY STRUCTURE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE OF NEW YORK      } ss.:  
 COUNTY OF \_\_\_\_\_ }

\_\_\_\_\_ being duly sworn deposes and says that he is the applicant above named, he is the  
NAME OF INDIVIDUAL SIGNING APPLICATION  
 \_\_\_\_\_, and is duly authorized to perform or have performed the work described above and to make  
CONTRACTOR, AGENT, OWNER, ETC.  
 and file this application; that all statements contained in this application are true to the best of his knowledge and belief; that the work will be performed in the manner set forth in the application; and that the work shall comply with all applicable laws, ordinances and regulations.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNATURE OF APPLICANT

NOTARY PUBLIC

Notary Public \_\_\_\_\_ County

PSEG Long Island  
Building & Renovation Services  
15 Park Drive  
Melville, NY 11747



## Directions for Electric Demolition

### Steps to follow:

1. **The property owner must contact the Customer Billing Department at 1-800-490-0025** to request a **Turn Off** of the Electric Account. This is to have the final reading taken and stop the billing process. The **Owner** of the property is the only one that can make the request to remove the electric facilities for the purpose of demolishing a building. If the property is represented by a Power of Attorney, Family member, or any other party other than the owner, proper legal documents shall be provided to Customer Relations and also Building & Renovation Services.
  
2. **The house must be Vacant prior to PSEG Long Island's work or the orders will not be processed.**
  
3. After contacting Customer Relations and placing the **Turn off order**, the form on the following page must be sent to Building & Renovation Services to request the disconnection. Please review the following requirements:
  1. A **statement** that you are the owner of the building
  2. The **Address of the building** to be demolished
  3. **Account number/s** and or **meter number/s**
  4. **Mailing Address and E-Mail Address** for where the demolition letter is to be sent, or confirmation that the mailing address is the building to be demolished and that the Post Office is holding mail or it is being forwarded.
  5. **Daytime contact number** for you if we have questions.
  6. The request letter **must be signed**.
  7. **Proof of ownership** will be needed. The proof will be a copy of the Title Page from the Closing or other legal document as necessary  
You can send the request by E-Mail or Fax, listed below:

**Building & Renovation Services**  
**E-mail: [BRSLI@pseg.com](mailto:BRSLI@pseg.com)**  
**Fax # 1- 844-846-1550**

**You must also contact National Grid for Gas Disconnects / Abandonment at 516-545-4973 or e-mail: [ngridlirudprocessing@nationalgrid.com](mailto:ngridlirudprocessing@nationalgrid.com)**

# Gas Service Line Alteration and Verification Requests

**nationalgrid**

HERE WITH YOU. HERE FOR YOU.

**For questions, please call: 631-348-6150 or email: ngridlirudprocessing@nationalgrid.com**

**Purpose** (check the box):

- Request that an active gas service line be altered by disconnecting the gas pipe at the property line.
- Request that National Grid verify that an active gas service line does not exist at the location.

**Instructions:**

1. A separate application must be submitted for each building structure being altered, renovated or elevated.
2. Application must be made by the owner or lessee, or agent of either, or by the architect, engineer, builder, excavation or Demolition Company employed in connection with the proposed work. Where such application is made by a person other than the owner, it must be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application.
3. Requests must be received 15 to 30 business days prior to the scheduled demolition date.
4. There is a \$700.00 charge to alter an active gas service line and to obtain the National Grid Service Line Disconnect Letter. A separate invoice will be mailed to the contact person for the disconnect fee. Payment must be made in advance prior to work being performed.
5. There will be a charge of \$57.28 per foot if the applicant requests National Grid to reactivate the gas service line in the future.

**A. Owner Information** (print):

Are you the owner of the property?  Yes  No

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**B. Address Of Structure To Be Demolished / Elevated / Renovated / Confirmed No Gas** (print):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

General Contractor Name \_\_\_\_\_ Office Phone \_\_\_\_\_

General Contractor Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**C. Job Site Information:**

Commercial  Residential

1. Is this a Tax Exempt site? If yes, provide Tax ID certificate.

Yes  No

2. Does an active gas service line exist at this location?

Yes  No  Unknown

3. Are there plans in the future that natural gas will be used at this location?

Yes  No  Unknown

4. Are the gas meters located inside the building or not readily accessible?

Yes  No  Unknown

5. How many gas meters exist at the location? \_\_\_\_\_ Meter(s)

Account No: \_\_\_\_\_ Gas Meter No: \_\_\_\_\_

**Customer's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicants may either mail or email the completed application. Please sign and mail form to: National Grid; Customer Fulfillment Department, 1650 Islip Ave, Brentwood, NY 11717 or email: ngridlirudprocessing@nationalgrid.com**