

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 report 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