

**TOWN OF MARCELLUS**  
**CODE ENFORCEMENT OFFICE**

22 East Main Street  
Marcellus NY 13108  
315-673-3269  
Fax: 315-673-9102

www.marcellusny.com

codes@marcellusny.com

**DEMOLITION PERMIT**  
**APPLICATION PROCEDURE**

- A) Complete all applicable sections of the Demolition Permit Application.
- B) Sign and date the bottom of the application.
- C) Submit the following required items with your completed application:  
(Some may not be applicable to your project)
- Copy of a property survey indicating the project location
  - An asbestos survey (does not apply to owner-occupied single family dwellings, where the owner performs the work)
  - A complete description of the project including, if necessary, details on the erosion, runoff and siltation control measures to be installed
  - Approved NYSDEC General Permit (If disturbing one acre or more of land)
  - Contractor Insurance Certificates with Town of Marcellus as certificate holder:
    - o General Contractor's Liability Insurance Certificate
    - o General Contractor's Workman's Compensation Insurance Certificate or exemption (Form C-105.2, GSI-105.2, U-26.3, CE-200, SI-12 or BP-1)
- D) The Code Enforcement Officer has ten days to review a completed application and to approve or deny same. Typical applications take 1-2 days to review.
- E) The erosion, runoff and siltation control measures must be inspected and approved before work can commence.
- F) Length of validity. Permits shall be valid for up to six months from date of issue. The time period may be extended for good cause provided that an extension application is submitted prior to the expiration date.
- G) Call 811 Before You Dig! You must call for a location request at least two working days but not more than 10 working days before any excavation starts.
- H) If you have any questions or need assistance with your application, please contact the Code Enforcement Office:

Codes Office ..... 673-3269, extension 4, codes@marcellusny.com  
Planning / ZBA .... 673-3269, extension 7, pbzba@marcellusny.com

**TOWN OF MARCELLUS**  
 22 East Main Street, Marcellus, NY 13108  
 315-673-3269, Ext. 4 / Fax: 315-673-9102  
**DEMOLITION PERMIT APPLICATION**

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Tax Map Number: \_\_\_\_\_ Zoned: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Description of the proposed demolition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dimensions of structure to be demolished: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_  
 Is the project within 100' of any wetlands? \_\_\_\_\_ Estimated cost of demolition: \$ \_\_\_\_\_  
 Is the project in a flood hazard zone? \_\_\_\_\_ Will there be a disturbance of one or more acre of soil? \_\_\_\_\_

**Contractor Information**

Asbestos Survey: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Asbestos Abatement: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Demolition: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Demolition Contractor Address: \_\_\_\_\_

**The applicant shall be responsible for:**

1. Proper disconnection of all utilities including gas, electric, sewer, telephone, cable, etc.
2. Calling 811 before bringing heavy equipment on site or excavating.
3. Erosion, runoff, and siltation control measures in accordance with New York State guidelines.
4. Dust, mud, and debris control on public highways.
5. Maintaining fire department access to the site and maintaining fire extinguishers when required.
6. Proper waste disposal.
7. Reclamation, including suitable replacement of ground cover, topsoil and seeding.

**Applicant Certification:** I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of the Fire Code of New York State, Department of Environmental Conservation, Department of Labor and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

**Inspections Required:** I understand I am responsible to ensure that the erosion, runoff and siltation control measures are in place and maintained and that in no case shall work commence until such measures have been approved by the code enforcement officer. Any sewer disconnection is to be inspected prior to backfilling.

**Consent To Enter Property:** By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

**SIGNATURE OF OWNER OF PREMISES:** \_\_\_\_\_

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

**Official Use Only**

Date Completed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Application No.: \_\_\_\_\_ Date Denied: \_\_\_\_\_ Denied By: \_\_\_\_\_

FMV: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Fee: \_\_\_\_\_ Reason Denied: \_\_\_\_\_