

**TOWN OF CANANDAIGUA**  
**DEMOLITION PERMIT APPLICATION**

1. Name and Address of Property Owner:

\_\_\_\_\_

\_\_\_\_\_

2. Telephone Number of Property Owner: \_\_\_\_\_

3. Subject Property Address, Tax Map Number, and Zoning District:

\_\_\_\_\_

\_\_\_\_\_

4. Is subject parcel residential or commercial property:

\_\_\_\_\_

5. Are there any hazardous materials on site? YES / NO If so, how will they be removed?

\_\_\_\_\_

\_\_\_\_\_

6. Please explain demolition procedure:

\_\_\_\_\_

\_\_\_\_\_

7. Will there be any open burning? YES / NO If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

8. How will the debris be removed? \_\_\_\_\_

\_\_\_\_\_

9. Demolition bond per Town Planning Board required? YES NO Bond Amount:

\_\_\_\_\_

The undersigned represents and agrees as a condition to the issuance of this permit to completely clean up the site and restore it to original condition within 30 days of demolition.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Contractor Name and Address: \_\_\_\_\_

Contractor Telephone Number: \_\_\_\_\_

Contractor Insurance Certificates on file: YES NO

Insurance must provide coverage for demolition activity.

Permit # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Fee \$ 50.<sup>00</sup>

\_\_\_\_\_  
Code Enforcement Officer

\_\_\_\_\_  
Date of Issuance