



Permit # _____

TOWN OF CHAUTAUQUA

Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757

Phone: (716) 753-7342 ~ Fax: (716) 753-5239

DEMOLITION PERMIT APPLICATION

DEMO Cost _____

I. Owner Information

Property Location: _____
Section _____ Block _____ Lot _____

Owners Name _____

Mailing Address _____
Street City Zip

Contact: _____
Name Phone Cell

II. Contractor Information

Contractors Name _____

Address/Phone _____
Street City Zip Phone

Contractor Certificate of Insurance: On File _____ Copy attached _____

UFPO Registration Number: _____

III. Work Description

1. Description of the Building/s or structure/s on the property to be Demolished:

2. Applicants proposal including description of materials to fill in sub surface areas to grade level:
Brief Statement _____

3. Applicants proposal for capping utility services: (Fuel, Water, Wells, Sewage line, Electrical, Etc.)

