



## TOWN OF DAY

Zoning Enforcement Office & Code Enforcement Office  
1650 North Shore Road

Hadley, NY 12835

Telephone: (518) 696-3789, Ext. 0

E-Mail: [codes@townofday.com](mailto:codes@townofday.com)

### APPLICATION FOR ZONING AND DEMOLITION PERMIT

PERMIT DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Town of Day Zoning and Building Departments for the issuance of Zoning and Building Permits pursuant to the New York State Building Code for the demolition of buildings, additions or alterations as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, codes, regulations, and conditions pertaining to these permits. The applicant and owner agree to grant permission for all inspectors to enter the premises for the required inspections.

#### APPLICANT/CONTRACTOR:

Name (PRINT) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### OWNER:

Name (PRINT) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### PERSON RESPONSIBLE FOR CODE COMPLIANCE

Name (PRINT) \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

#### CONSTRUCTION SITE ADDRESS \_\_\_\_\_

TAX MAP # \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

#### DEMOLITION:

Structure to be Demolished \_\_\_\_\_

Reason for Demolition: \_\_\_\_\_

Asbestos Report/Survey Required:

Yes – Provide copy of Report/Survey

No – Provide explanation of why a Report/Survey is not required

Name of Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

**I affirm that the information I have given on this application is correct and complete and I understand that the Town of Day will rely on this information in making its decision.**

Name of Owner (PRINTED) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant (PRINTED) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Contractor (PRINTED) \_\_\_\_\_

Signature of Contractor \_\_\_\_\_ Date \_\_\_\_\_

**PERMIT VALID FOR THIRTY (30) DAYS FROM DATE OF PERMIT**

Code Enforcement Officer (PRINTED) \_\_\_\_\_

Signature of Code Enforcement Officer \_\_\_\_\_ Date \_\_\_\_\_