

# TOWN OF RHINEBECK

876-6296

## DEMOLITION PERMIT

PERMIT # D-  
DATE \_\_\_\_\_

Building Owner _____	Grid # _____
Location _____	Telephone # _____
_____	
Contractor _____	Telephone # _____
Business Address _____	
Work to be performed _____	
_____	

*ESTIMATED COST \$*

LIABILITY INSURANCE:	
Name of carrier _____	
Personal injury: each person _____, each accident _____	
Property damage: each accident _____, aggregate _____	

Proof Submitted For	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Tax Search	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
No Vermin Infestation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Asbestos Survey	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Asbestos Removal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Workman's Comp	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Needed Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Utilities Disconnected	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

SIGNATURE, APPLICANT _____	DATE _____
SIGNATURE, CONTRACTOR _____	DATE _____
ISSUING AGENT _____	DATE _____

**Town of Rhinebeck  
Application Certification and Authorization**

**CERTIFICATION OF APPLICANT for  
Town Board, Planning Board, Zoning Board of Appeals and Building Department**

Application Name: \_\_\_\_\_ Application/Appeal No. \_\_\_\_\_

State of New York     )  
                                  )     ss:  
County of \_\_\_\_\_)

I hereby depose and say that all of the statements and factual information in the attached application, and in any other documents submitted in connection with this application, are true and accurate. I understand and agree that the submission of false or inaccurate information to this Board/Department may result in the denial of my application or in the revocation of permits or approvals. I understand that this statement is made under oath.

Applicant signature: \_\_\_\_\_

Applicant name (printed): \_\_\_\_\_

Applicant address: \_\_\_\_\_

Sworn to before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**AFFIDAVIT OF OWNER**

(Please complete and sign if the person appearing before the Board/Department is not the Owner. This includes, but is not limited to, any consultants for Owner, contract vendees, lessees etc.)

State of New York     )  
                                  )     ss:  
County of \_\_\_\_\_)

I hereby depose and say that I reside at \_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_. I am the owner in fee of the property which is the subject of this application which is located at the address commonly known as \_\_\_\_\_ and which bears the following tax grid identification number(s): \_\_\_\_\_. I hereby authorize \_\_\_\_\_ to appear before this Board/Department on my behalf and I state under oath that the statements and information to be provided on my behalf by that person are accurate and true.

Owner signature: \_\_\_\_\_

Owner name (printed): \_\_\_\_\_

Sworn to before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public