

TOWN OF BALLSTON  
PO Box 67  
Burnt Hills, NY 12027  
518-885-8564 ext. 14  
BUILDING DEPARTMENT  
DEMOLITION PERMIT

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

Owner: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address of Job: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

	By	Date
Gas Disconnected	_____	_____
Electricity Disconnected	_____	_____
Water Disconnected	_____	_____
Telephone Disconnected	_____	_____

Value of Property Demolished: \_\_\_\_\_

Disposal Site Location: \_\_\_\_\_

NOTE: An asbestos survey, performed by certified inspector, may be required by the New York State Department of Labor. The issuance of this demolition permit does not absolve the applicant of any responsibility for following the regulations of the New York state Department of Labor:

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

*For Office Use Only*

Approved by: \_\_\_\_\_ Permit No. \_\_\_\_\_

Fee: \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_