



Town of Halfmoon  
2 Halfmoon Town Plaza  
Halfmoon, NY 12065  
371-7410 ext. 2260  
Fax: 371-0304  
Building Department

**DEMOLITION  
PERMIT  
Application**

Permit #: \_\_\_\_\_

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

Fee: \_\_\_\_\_

Residential ☐ Commercial ☐

Address/Location: \_\_\_\_\_ SBL# \_\_\_\_\_

**Property Owner:**

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

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

(Property Owner)

**Contractor/Company Performing Demo:**

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

**Workers Comp (C105.2 Form):** Date: \_\_\_\_\_ **Liability(Accord 25 Form):** Date: \_\_\_\_\_

**Asbestos Abatement Form:** \_\_\_\_\_ **Disposal Site:** \_\_\_\_\_

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

**(For Department Use Only)**

Action: Approved ☐ Disapproved: ☐ Reason for Disapproval: \_\_\_\_\_

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

☐ Senior Code Enforcement Officer

☐ Code Enforcement Officer

Title: \_\_\_\_\_