

**DEMOLITION APPLICATION**

TOWN OF CLINTON

PO Box 208, Clinton Corners, NY 12514 (845) 266-5721

BUILDING PERMIT APPLICATION

GRID# \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_ (for office use)

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

Name of Applicant: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Location of Subject Property: \_\_\_\_\_

Does Project Require Board Approval? YES NO If yes which Board? \_\_\_\_\_

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

Is the Property currently in the Applicants' Name? YES NO (Circle One)

If the answer is No, consent of Authorization to Act is Required)

**NATURE OF PROPOSED WORK**

\_\_\_ New Construction of \_\_\_ Principal Building or \_\_\_ Accessory Structure

\_\_\_ Addition to \_\_\_ principal Building or \_\_\_ Accessory Structure

\_\_\_ Demolition of Structure-type: \_\_\_\_\_

\_\_\_ Renovation/Conversion of \_\_\_ Principal Building or \_\_\_ Accessory Structure

SIZE OF PROPOSED CONSTRUCTION: \_\_\_\_\_

SETBACKS: Front \_\_\_ ft. Rear \_\_\_ ft. Side \_\_\_ ft. Side \_\_\_ Ft.

HEIGHT: \_\_\_ ft. Number of Stories: \_\_\_

NATURE OF USE OF PROPOSED WORK: \_\_\_\_\_

ARCHITECT OR ENGINEER OF RECORD: \_\_\_\_\_

Address and Telephone: \_\_\_\_\_ . \_\_\_\_\_

PRIME CONTRACTOR/BUILDER: \_\_\_\_\_

Address and Telephone: \_\_\_\_\_

**SITE INFORMATION**

Number of Existing Structures: \_\_\_\_\_

Is the lot a pre-existing non-conforming lot? \_\_\_\_\_

Describe non-conformity \_\_\_\_\_

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

Is the site within a flood plain? \_\_\_\_\_

Is the site within a protected wetland? \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ (See \*)

DATE RECEIVED: \_\_\_\_\_ FEE PAID: .

APPROVED \_\_\_\_\_ DENIED-REASON: . \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
BUILDING INSPECTOR

\_\_\_\_\_  
ZONING ENFORCEMENT OFFICER