



# DEMOLITION PERMIT APPLICATION

## VILLAGE OF BERGEN

11 North Lake Avenue, PO Box 100, Bergen, NY 14416

Phone: (585) 494-1513 Fax: (585) 494-1730

### PLEASE COMPLETE ALL REQUIRED INFORMATION

*(incomplete applications cannot be processed)*

**\$50 – Residential (over 250 sq ft)**  
**\$100 - Commercial**

#### DEMOLITION LOCATION:

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

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

Tax Map number: \_\_\_\_\_

Zoning district: TVR LDR GC NC VCC MU-LI GI  
*(VCC requires site plan approval)*

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

#### DEMOLITION DESCRIPTION: *(Please check all that apply to the project)*

Type of structure removed:  Single/Two family  Multi-family  Accessory building

Other \_\_\_\_\_

Square footage of gross floor or base area: \_\_\_\_\_ sq. ft.

Number of Stories: \_\_\_\_\_ Year built: \_\_\_\_\_

Method of removal:  Manual  Heavy Equipment  Other \_\_\_\_\_

Asbestos survey required:  Yes  No

Purposed location for disposal of debris:  Landfill – Location \_\_\_\_\_ Permit # \_\_\_\_\_

Other \_\_\_\_\_

**\*\*PLEASE READ IMPORTANT INFORMATION BELOW \*\***

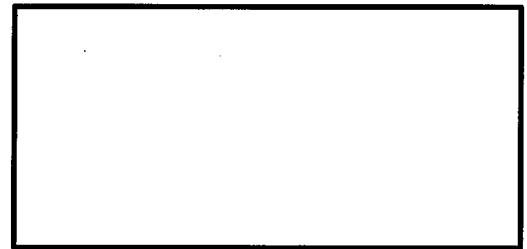
- A demolition permit is required for any structure with a gross floor or base area of 250 sq. ft. or more
- No demolition permit may be issued in a VCC district without a site plan review
- Pool demolitions do not require a demolition permit, they are exempt
- No demolition may be started before an asbestos survey is done, if required
- Any dumpsters or roll-offs used during demolition must be registered with the Village using the Temporary Storage Structure registration form
- Demolition permits are valid for 30 days
- Failure to undertake demolition activity within 30 days will require issuance of a new demolition permit

**All demolition permits must follow the Village of Bergen Zoning Law section §16-3 Demolition Permits.**

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

Printed Name: \_\_\_\_\_

*Office Use Only*



**Code Enforcement Officer: 585-331-6162**

Village of Bergen website: [www.villageofbergen.com](http://www.villageofbergen.com)

Zoning Law available on Village website



**CONTACT INFORMATION  
FOR  
ASBESTOS PROJECTS**

The Department of Labor regulates most asbestos control activities in the State through its Asbestos Control Bureau; all contractors must be licensed and all asbestos handlers certified by the Department's Worker Protection Central Processing Unit. Projects must be conducted in accordance with safety standards promulgated by the Commissioner of Labor to avoid potential public health hazards that can result from the improper handling of asbestos or asbestos material, a potential carcinogen. A copy and update to Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Cited as 12 NYCRR Part 56), a Guidance Document with frequently asked questions and answers, and variance information may be obtained by going on-line to, [www.labor.ny.gov](http://www.labor.ny.gov)

For more information, call or write the New York State Department of Labor, Division of Safety and Health at one of the following locations:

**ASBESTOS CONTROL BUREAU  
DISTRICT OFFICES**

ALBANY

State Office Campus  
Building 12, Room 15  
Albany, NY 12240  
Tel: (518) 457-2072

BUFFALO

65 Court Street  
Room 405  
Buffalo, NY 14202  
Tel: (716) 847-7126

SYRACUSE

450 South Salina St.  
2nd Floor – Room 202  
Syracuse, NY 13202  
Tel: (315) 479-3215

NEW YORK CITY

75 Varick St.  
7<sup>th</sup> Floor  
New York, NY 10013-1917  
Tel: (212) 775-3538

**TO SUBMIT:  
ASBESTOS PROJECT NOTIFICATION  
AND/OR EMERGENCY NOTIFICATION**

Asbestos project notifications may be made on-line by going to: [www.labor.ny.gov](http://www.labor.ny.gov) quick links, to Asbestos Notification, by licensed asbestos contractors. Emergency notifications must initially be called in for approval: (518) 485-9263. After the approval process, the contractor may proceed to pay and fill out the appropriate on-line notification. You may also mail in your paperwork to: NYS Department of Labor, Worker Protection Central Processing Unit, State Office Campus, Building 12, Room 290, Albany, NY 12240, Tel: (518) 485-9263.

Questions about obtaining and/or renewing an Asbestos license or any type of Asbestos Certification may also be obtained from the Worker Protection Central Processing Unit.

**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party. \*\***

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE- 200 exemption form; OR
- have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

\_\_\_\_\_  
(Contact Phone Number)

Property Address that requires the Zoning/Building Permit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this _____ day of _____, _____.  _____ (County Clerk or Notary Public)
--

Once notarized, this BP-1 form serves as an exemption for both worker's compensation and disability benefits insurance coverage.