Village of Williamsville

716-632-4120
FAX: 716-632-6009

5565 Main Street
Williamsville, New York 14221

DEMOLITION PERMIT APPLICATION

PROPERTY:_____ZONING:_____

PROPERTY OWNER: _____

OWNER ADDRESS: _____

_____

OWNER PHONE: _____

DEMO CONTRACTOR: _____

CONTRACTOR ADDRESS:_____

_____

CONTRACTOR PHONE: _____

TYPE OF DEMO: ____ PRINCIPAL BUILDING _____ POOL

___ ACCESSORY STRUCTURE _____ FUEL TANK

____ OTHER (_____)

I, the undersigned owner of _____, apply for a demolition permit from the Village of Williamsville and shall abide by all the requirements as set forth by Chapter 12 (Buildings, Demolition of; Blasting) of the Village Zoning Code.

_____ Date:_____
Property Owner Signature

_____ Date:_____
Building Inspector

_____ Date:_____
Mayor's Signature