

**Supervisor**  
**Richard C. Heath**

**Town Clerk / Registrar**  
Jodie Fehlman

**Highway Superintendent**  
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# TOWN OF GERRY

P.O. BOX 15,  
GERRY, NEW YORK 14740  
Phone (716) 985-4715 Fax (716) 985-4583

## CODE ENFORCEMENT OFFICE

Brandon Shelters Cell (716) 615-3441  
E-Mail [TOGCEO2@Yahoo.com](mailto:TOGCEO2@Yahoo.com)

**Councilmen**  
Jamie Ansell  
Gary J. Swan, Sr.  
Kasey Fanara  
Todd Wissman

**Assessor**  
Kevin Okerlund

**Justice**  
Kevin J. Sirwatka

## Building Demolition Permit Application Process

### List of required documents to be submitted for building demolition permit application approval

All applicable documents listed below must be fully completed and submitted to this office prior to the issuance of a building permit. Failure to submit any of the required documents or submittal of any incomplete documents, will result in a delay of the building permit being issued

- 1) Building Demolition Application - A FULLY COMPLETED BUILDING DEMOLITION PERMIT APPLICATION including date, full name and address, phone #, fax #, e-mail of applicant, property owner, and contractor. Building site address, section block and lot number, scope of work, and signatures by all utility providers and the property owner. (land contract owner signature shall not be approved)
- 2) Site Plan - A site plan of ALL buildings on the lot including length, width of building to be demolished must be submitted prior to the approval of a building permit.
- 3) Workers Compensation Document – ALL PERMITS REQUIRE ONE OF THE FOLLOWING FIVE NYSWCB DOCUMENTS BE SUBMITTED PRIOR TO THE APPROVAL OF A BUILDING PERMIT  
(All NYSWCB forms are submitted under penalty of perjury, a felony, carrying penalty up to four years in prison)
  - a) BP-1 Form..... If ALL work is being done by homeowner – no contractors working on project  
(40 hour rule) Form can be printed at [www.wcb.ny.gov](http://www.wcb.ny.gov)
  - b) CE-200 Form.....Exemption for sole proprietor contractor that is not required to carry workers comp  
Not a waiver of workers compensation (does not apply to subcontractors)  
Form can be completed at [www.wcb.ny.gov](http://www.wcb.ny.gov) or call 866-546-9322
  - c) C-105.2 Form.....For contractors covered by private N.Y.S. licensed insurance carriers (SI-12 Self Insur)
  - d) U-26.3 Form.....For businesses insured by the N.Y.S. insurance fund
  - e) DB-120.1 Form...For businesses with Certificate of Disability Benefits (DB-155 for Self Insurance)
- 6) Septic System - For all buildings with a existing septic system in place. A letter from the Chautauqua County Dept. of Health approving the proposed plan discontinued use of the system use is required prior to the approval of a building permit.
- 7) Utilities – All utility companies supplying service to the building shall provide signatures that service has been terminated prior to demolition permit being issued.
- 8) The work covered by this application shall not be started prior to the issuance of the Demolition permit.
- 9) CALL DIG SAFELY NEW YORK TWO FULL WORKING DAYS BEFORE YOU DIG  
**CALL - 811 or 1-800-962-7962**

# **TOWN OF GERRY**

## **DEMOLITION PERMIT APPLICATION FORM**

Building Inspector Phone (716) 615-3441

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

Tax Parcel Number Section # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

Property Owner: \_\_\_\_\_  
Name Address

Phone # E-mail Fax #

Applicant: (other than owner) \_\_\_\_\_  
Name Address

Phone # E-mail Fax #

Contractor: \_\_\_\_\_  
Name Address

Phone # E-mail Fax #

Asbestos Survey Provider \_\_\_\_\_  
Name Address

Phone # E-mail Fax #

Asbestos Abatement Contractor \_\_\_\_\_  
Name address

Phone # E-mail Fax #

Scope of Proposed Demolition \_\_\_\_\_

Total Square Footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height/Stories \_\_\_\_\_

Total Estimated Cost (Value Including Labor and Material) \$ \_\_\_\_\_

Utility Supplier Signatures – If no service exists then owner shall initial none

Electric Company \_\_\_\_\_ Date \_\_\_\_\_ None \_\_\_\_\_

Gas Company \_\_\_\_\_ Date \_\_\_\_\_ None \_\_\_\_\_

Telephone company \_\_\_\_\_ Date \_\_\_\_\_ None \_\_\_\_\_

Cable Company \_\_\_\_\_ Date \_\_\_\_\_ None \_\_\_\_\_

CALL DIG SAFELY NEW YORK TWO FULL WORKING DAYS BEFORE YOU DIG CALL 811 or 1-800-962-7962

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: PERMIT NUMBER \_\_\_\_\_ CEO INITIAL \_\_\_\_\_

## REQUIRED SITE PLAN DRAWING

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- 1) Draw the lot size (record the total acreage)
- 2) Draw the location of any existing buildings on property (record all building sizes and distances)
- 3) Draw the location of the proposed demolition work in relation to attached or surrounding buildings (record all distances)

DRAW SITE PLAN HERE OR ATTACH DRAWING TO APPLICATION  
(Drawn to Scale)

## Signature of Property Owner

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Application is hereby made to the Town of Gerry for the issuance of a Demolition Permit. The undersigned has submitted a completed application, a site plan drawing, worker compensation documents, and a septic approval letter, which are hereto attached, incorporated into and made a part of this application. In consideration of the granting of the permit hereby petitioned for, the undersigned hereby agrees that if such permit is granted, he/she will comply with the terms pursuant to the Town of Gerry Zoning Code, the New York State Fire Prevention and Building Codes and Standards for demolition of buildings, the Sanitary Code of the Chautauqua County Health Department. He/she will preserve the established building line; and have full notification to the Code Enforcement Officer upon start of demolition. The work covered by this application shall not be started prior to the issuance of the building permit. The undersigned hereby certifies that all of the information in this petition is correct and true.

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

# **ASBESTOS AND YOUR DEMOLITION PERMIT**

**A COPY OF YOUR ASBESTOS SURVEY AND A SIGNED AND NOTARIZED COPY OF THIS DOCUMENT SHALL BE SUBMITTED TO THE BUILDING OFFICIAL ALONG WITH THE PERMIT APPLICATION FOR DEMOLITION.**

1. THE LAW GOVERNING ASBESTOS REMOVAL IS **CODE RULE 56** AND THE TEXT CAN BE FOUND AT THE N.Y.S. DEPT OF LABOR WEBSITE.  
[WWW.LABOR.NY.GOV/HOME](http://WWW.LABOR.NY.GOV/HOME)  
GO TO LAWS & REGULATIONS > HEALTH & SAFETY> CODE RULES.
2. YOU **MUST** PERFORM AN ASBESTOS SURVEY PRIOR TO ANY DEMOLITION WORK, THE ASBESTOS SURVEY WILL IDENTIFY ALL ASBESTOS HAZARDS WITHIN THE BUILDING BEING DEMOLISHED.
3. IF THE ASBESTOS SURVEY IDENTIFIES ANY ASBESTOS WITHIN THE BUILDING, THEN ALL OF THE IDENTIFIED ASBESTOS **SHALL** BE REMOVED BY A N.Y.S. CERTIFIED ASBESTOS ABATEMENT CONTRACTOR.
4. THE ONLY EXCEPTION TO THE REQUIREMENTS OF CODE RULE 56 IS WORK BEING PERFORMED IN AN OWNER OCCUPIED SINGLE FAMILY DWELLING, WHERE ANY WORK PERFORMED IS ONLY PERFORMED BY **THE PROPERTY OWNER**.
5. THE EXCEPTION TO CODE RULE 56 **DOES NOT** PERMIT ANY EMPLOYEES, PERSONS, FRIENDS, OR FAMILY MEMBERS TO HELP WITH DEMOLITION AS A VOLUNTEER OR ANY PERSON TO PERFORM WORK FOR NO FEE. THE NYS LABOR BOARD CONSIDERS THIS WORK AS EMPLOYED WORK REGARDLESS OF THE LACK OF ANY COMPENSATION.
6. AGRICULTURAL BUILDINGS, SINGLE FAMILY DWELLINGS, AND THEIR ACCESSORY STRUCTURES CAN BE BURIED ON SITE WITH PERMISSION FROM THE N.Y.S. D. E. C.

**I HAVE READ AND UNDERSTAND ALL OF THE ABOVE RULES AND REGULATIONS REGARDING CODE RULE 56 AND ASBESTOS REMOVAL AS IT RELATES TO MY DEMOLITION PERMIT.**

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SIGNATURE OF PERMIT APPLICANT

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NOTARY