

Town of Ramapo  
Building, Planning & Zoning  
237 Route 59  
Suffern, New York 10901  
845-357-5100 (fax) 845-357 5140

## Demolition Application Instructions


1. **Demolition Application with owners' consent to be signed and notarized.**
2. **Copy of owner ID.**
3. **Contact sheet should be filled out.**
4. **An original letter from the utility companies is required indicating that the gas, electric and water has been disconnected. (gas and electric obtained by TOR)  
Water disconnection to be submitted by applicant.**
5. **Title and Lien status confirmation form filled out, signed and notarized.**
6. **Applicant to obtain sewer permit from town clerk – fee is \$200.  
Bring a copy of the receipt to the building dept with your application.**
7. **Submission of an asbestos survey for demolition to be on all structures constructed prior to January 1, 1974 by a New York State Licensed Asbestos Abatement Contractor.**
8. **Rodent report with letter from an exterminator. (The letter must state that there are no signs of rodent activity on the property)**
9. **Homeowner, or applicant but establish the location of the sewer spur or confirm there is no spur. Inspection must be performed by the sewer department. Sewer disconnect ticket must be submitted with application.**
10. **COPY OF EXCAVATORS LICENSE ALONG WITH INSURANCES FOR WORKERS COMPENSATION AND LAIBILITY.**
11. **Application fee (\$250 if the property is less than 2,000 square feet and \$500 if it is more than 2,000 square feet)**

ONE COPY OF THE APPLICATION WILL BE RETURNED TO THE APPLICANT WITH THE PERMIT, AS AN INDICATION THAT THIS OFFICE IS PREPARED TO MAKE THE FIRST INSPECTION, THE SECOND COPY OF THIS FORM WILL BE FILED AS A PERMANENT RECORD IN THIS OFFICE.

THIS OFFICER IS TO CHECK THE FOLLOWING POINTS AS STATED IN THE NEW YORK STATE BUILDING CONSTRUCTION CODE APPLICABLE TO GENERAL BUILDING CONSTRUCTION AND OTHER SUCH MATTERS AS MAY DEEMED NECESSARY.

### SAFETY DURING DEMOLITION:

- a) Safe and sanitary conditions shall be provided where demolition and wrecking operations are being carried on. Work shall be done in such a manner that hazard from fire, possibility of injury, danger to health and conditions which may constitute a public nuisance will be minimized in conformity with general accepted standards
- b) Access to utilities and public facilities including among others, fire hydrants, fire alarm boxes, police call boxes, streetlights and manholes, shall be kept unobstructed during demolition.



# Rockland County

Ed Day, Rockland County Executive

OFFICE OF THE COUNTY EXECUTIVE

11 New Hempstead Road  
New City, New York 10956  
Phone: (845) 638-5122 Fax: (845) 638-5856  
Email: CountyExec@co.rockland.ny.us

June 20, 2018

Edwin J. Day  
Rockland County Executive

Honorable Michael B. Specht  
Town of Ramapo  
237 Route 59  
Suffern, New York 10901

Dear Supervisor Specht:

The Rockland County Department of Health contends that coordination with local municipalities is an essential component to assuring the preservation of the environment and the public health of the residents. The Health Department respectfully submits that municipal expertise often plays a critical role in fully addressing building, land, water, sewage and nuisance concerns throughout the county.

The Health Department recognizes that county regulations may vary or even conflict with municipal codes and that jurisdictional issues exist, which evidence the need for a coordinated approach. Well intentioned applicants looking to comply with all rules and regulations need to know a simple inquiry to the Department of Health will ensure a complete understanding of those rules and procedures and quite possibly prevent unnecessary, and expensive, corrective action later.

The Department's Center for Environmental Health and the Rockland Codes Initiative (RCI) welcomes the inquiries of municipalities and applicants to lend assistance in the pursuit of compliance with all local, county, state and federal laws.

Please feel free to contact the Health Department to discuss any questions, concerns or possible referrals.

*Environmental Health:*

*Sam Rulli 845.364.3364*

*RCI - Housing:*

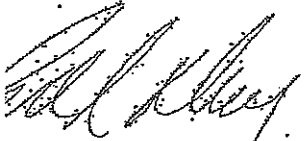
*Kevin Mackey 845.364.2581*

Supervisor  
June 20, 2018  
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The Health Department requests that a copy of this memo freely be made available to all applicants coming in front of your Building, Planning and Zoning departments, and we appreciate your cooperation in making our best effort in the ultimate resolution of environmental and public health matters.

Thank you.

Sincerely,



Edwin J. Day  
COUNTY EXECUTIVE

cc: Patricia Ruppert, Commissioner of Health  
Doug Schuetz, Acting Commissioner of Planning  
Guillermo Rosa, Deputy County Executive  
John Lyon, Director of Strategic Communications  
Dan Moscato, Chief Advisor to County Executive  
Stephen J. Powers, Director Public Policy/Intergovernmental Relations

# TOWN OF RAMAPO

Building, Planning & Zoning Department  
Phone: (845)357-5100 Fax: (845)357-5140

## DEMOLITION APPLICATION

A demolition application is required for each separate tax lot where any demolition will take place.

DATE: \_\_\_\_\_

PERMIT: \_\_\_\_\_

SECTION & LOT #: \_\_\_\_\_  
WHERE DEMOLITION WILL OCCUR

PUBLIC RECORD  
PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

If owner or applicant is a corporation or limited liability company, give name and title of an officer or member and signature of duly authorized officer or member.

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

### LOCATION OF PROPERTY TO BE DEMOLISHED:

(give street name, number, side and distance from nearest cross street)

\_\_\_\_\_

The undersigned hereby affirms or swears that the above information is current and true as of the date of this application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Applicant

Sworn or affirmed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

NOTE: ALL INFORMATION REQUESTED IN THIS FORM MUST BE COMPLETED FOR THIS FORM TO BE PROCESSED.

FOR TOWN ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**OWNER'S CONSENT AFFIDAVIT**

Section 376-145A (3) of the Zoning Ordinance. Applicant shall be made by the owner or lessee, or agent of either Or by the architect, engineer, or builder employed in connection with the proposed work. Where such application is made by a person other than the owner, it shall be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application

\_\_\_\_\_ being duly sworn, deposes and  
(Please print)

Says that he resides at \_\_\_\_\_

In the County of \_\_\_\_\_

In the State of \_\_\_\_\_

That he is the owner in fee of all that certain lot, piece, or parcel of land situated, lying and being In the Town of Ramapo aforesaid and designated as:

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

Section/ block/ lot: \_\_\_\_\_

of the Ramapo Tax Map and that he is hereby authorized to make such a Building Permit Application in their behalf, and that the statements of fact contained in said application are true.

OWNER: \_\_\_\_\_  
(PRINT NAME)

MAILING ADDRESS: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

Sworn or affirmed to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
County of Rockland

**TOWN OF RAMAPO**  
Building, Planning & Zoning Department  
Phone: (845)357-5100  
Fax: (845)357-5140

**CONTACT SHEET**

**OWNER**

**APPLICANT** (if different from owner)

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

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

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

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

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

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

**GENERAL CONTRACTOR**

**SUBCONTRACTOR** (if homeowner is acting as GC)

License Number: \_\_\_\_\_

License Number: \_\_\_\_\_

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

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

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

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

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

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

**PLUMBER** (if applicable)

**ELECTRICIAN** (if applicable)

License Number: \_\_\_\_\_

License Number: \_\_\_\_\_

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

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

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

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

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

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

# TOWN OF RAMAPO

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Phone: (845)357-5100 Fax: (845)357-5140

## TITLE AND LIEN STATUS CONFIRMATION TO THE TOWN OF RAMAPO

In order to issue a Demolition Permit, the Town requires information on any Record Property Owner, Mortgage Holder or other Lien Holder to review any Demolition Permit Application. Therefore, the following information must be provided under the penalty of perjury:

DATE: \_\_\_\_\_

SECTION & LOT # WHERE DEMOLITION WILL OCCUR: \_\_\_\_\_

PUBLIC RECORD PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

List the names and addresses of all Mortgagees that have a lien against this Property  
(if needed attach additional pages)

Name

Address

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

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

List the Names and addresses of all other Lien Holds that have a lien against this Property  
(if needed attach additional pages)

Name

Address

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

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

For each Mortgagee and Lien Holder a notarized letter providing consent to the Town's issuance of any Demolition Permit must be provided dated within 30 days of any such Permit Application.

### CERTIFICATION AS BEING CORRECT AND TRUE:

The undersigned hereby affirms or swears that the information contained in this document is correct and true as of the date of this document and knows the Town of Ramapo will rely on the accuracy of this information when reviewing and issuing any Demolition Permit.

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

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

Sworn or affirmed as being correct and true under the penalty of perjury on \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of New York