



Incorporated Village of  
**Roslyn Estates**

25 The Tulips  
Roslyn Estates, NY 11576  
www.villageofroslynestates.com

Tel: 516-621-3541 ♦ Fax: 516-621-3109

SEC. 7 BLOCK \_\_\_\_\_ LOT (S) \_\_\_\_\_  
**Date Received:** \_\_\_\_\_  
**Basic Fee:** \_\_\_\_\_  
**Demolition Fee:** \_\_\_\_\_  
**PERMIT #** \_\_\_\_\_

**APPLICATION FOR DEMOLITION PERMIT**

Application is hereby made to the building official for permission to demolish the entire building, buildings or structure.

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

Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**CONTRACTOR**

Business Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SITE INFORMATION**

Address of Permit Activity \_\_\_\_\_ Section 7, Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

How is building occupied? \_\_\_\_\_

Dimensions of building/structures \_\_\_\_\_

This application is made with the understanding that if the application is granted and in consideration, I agree to save the Village of Roslyn Estates harmless from any liability for and by reason of any injury to persons or property as a result of negligence or otherwise in connection with this demolition.

**AFFIDAVIT OF OWNER**

State of New York)

ss:

County of Nassau)

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the owner of the property heretofore described and set forth in this application, and that all statements in this application are true to the best of my knowledge and belief, and there is no asbestos in the above referenced building/structures to be demolishes and if any asbestos is encountered a certified asbestos removal company will be hired to properly remove and cart the asbestos in accordance will all applicable laws.

\_\_\_\_\_ Date: \_\_\_\_\_  
Owners' Signature

\_\_\_\_\_  
Print Owners' Name

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

**APPROVED:** \_\_\_\_\_  
**BUILDING INSPECTOR, VILLAGE OF ROSLYN ESTATES**  
**DATE:** \_\_\_\_\_

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

The licensed contractor shall be required to submit all required insurance, including general liability naming the Village of Roslyn Estates as co-insured, workmen's compensation and copy of Nassau County Home Improvement license.