



Town of Long Lake Code Enforcement Office

PO Box 307
Long Lake, New York 12847
(518) 624-2001 ex. 116
Codeenforcement@mylonglake.com



Demolition Permit Application

Office Use Only	
Permit #	_____
Date rec'd	_____
Fee paid	_____
Plans	

Date: _____

Date you intend to begin work: _____

Name of applicant: _____

Applicant's phone number: _____

Applicant's email address: _____

Applicant's address: _____

Name of Owner: _____

If new owner, please name previous owner: _____

Tax map number of property that will have the construction on it: _____

Owner's permanent address: _____

Owner's summer address: _____

Owner's phone number: _____

What do you intend to Demolish (Be Specific): _____

Location of property where demolition will occur. use landmarks and name of neighbors:

If you are constructing a new dwelling after demolition? Yes _____ No _____

Is there an active septic system on the property: Yes _____ No _____

Is there an active electrical service on the property? Yes _____ No _____

Principal Contractor Information

Name: _____

Address: _____

Cell phone number: _____ Business phone number: _____

Insurance Information: Please see information on Page 3 regarding the insurance certificates required.

*Homeowners performing work on his/her personal residence can be exempt from insurance and submit Form CE-200

If this a commercial project? Yes _____ No _____

The codes enforcement officer has the right to request further and/or more detailed information.

_____ indicates that he/she is the applicant. He/she is the (circle one) owner, agent for the owner, contractor for the owner and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work shall be performed in the manner set forth in the application and specifications filed therewith, and in compliance with the New York State Uniform Fire Prevention and Building Code.

Signature of Applicant: _____

New Your State Building Permit Insurance Requirements

New York State Workers' Compensation Law §57 and §220[8] requires the Town of Long Lake to ensure that those applying for permits have appropriate workers' compensation and/or disability benefits insurance coverage.

1. For applications for a permit for 1, 2, 3 or 4 family **owner-occupied** residences where the applicant is the contractor AND the property owner, you may be exempt from the worker's compensation insurance requirements, please review Form BP-1 , available on-line at <https://bit.ly/WCB-BP-1> and submit if you meet the criteria. It must be notarized. If the applicant is hiring or paying individuals for a total of 40 or more hours per week, please continue to number 2.
2. For Contractors who are exempt, a Form CE-200 is required. Form CE-200 is available on-line at <https://on.ny.gov/35fTNeD>
3. For Contractors who are not exempt:
 - A. For proof of Worker's Compensation insurance we will need one of the following: Form C105.2 or Form U-26.3 or Form SI-12 or Form GSI-105.2; **AND**
 - B. For proof of Disability insurance, we need one of the following: Form DB120.1 or Form DB-155.

All proofs of insurance should have the Town of Long Lake listed as a Certificate Holder.

Please note that the State Workers Compensation Board has stated that ACORD forms are not acceptable proof of New York State Workers' Compensation or Disability Benefits insurance coverage. ACORD forms will not be accepted as proof of insurance.

FORM DEFINITIONS:

CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

C-105.2 or U-26.3 – Certificate of Workers' Compensation Insurance (the contractor's insurance carrier will send this form to the town upon request)

SI-12 – Certificate of Workers' Compensation Self-Insurance (the contractor calls the Board's Self-Insurance Office at 518-402-0247) OR

GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance (The contractor's Self- Insurance Administrator will send this form to the town upon request).

DB-120.1 – Certificate of Disability Benefits Insurance (the contractor's insurance carrier will send this form to the town upon request);

DB-155 – Certificate of Disability Benefits Self-Insurance (the contractor calls the Board's Self-Insurance Office).