

**TOWN OF HURLEY  
BUILDING DEPARTMENT  
P.O. BOX 569  
10 WAMSLEY PLACE  
HURLEY, NY 12443**

**APPLICATION FOR DEMOLITION PERMIT**

Date: \_\_\_\_\_ SBL #: \_\_\_\_\_

Property Owner

Name & Address: \_\_\_\_\_  
\_\_\_\_\_

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

Contractor

Name & Address: \_\_\_\_\_  
\_\_\_\_\_

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

Address of where work is to be done: \_\_\_\_\_  
\_\_\_\_\_

Type of Structure: \_\_\_\_\_

Description of work to be done: \_\_\_\_ Demolition \_\_\_\_ Relocation

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

Total Cost of Demolition/Relocation: \$ \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

**Please include plot plan and make check payable to "Town of Hurley".  
Dumping receipts are required for Certificate of Compliance.**