



# TOWN OF NEWFANE

2737 Main Street

Newfane, New York 14108

FAX 716-638-4261

## DEMOLITION PERMIT

DATE ISSUED \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOT NUMBER/ SBL # \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIZE OF BUILDING \_\_\_\_\_

BUILDING LOCATION \_\_\_\_\_

BUILDING MATERIAL \_\_\_\_\_

HOW WILL BUILDING MATERIAL BE DISPOSED OF?

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

\_\_\_\_\_  
*Property Owner*

\_\_\_\_\_  
*Building Inspector*