

TOWN OF STILLWATER

ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION



BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 539-0002
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT

DEMOLITION PERMIT CHECKLIST

This form must be completed for applications to be submitted

Required Submission

- ☐ Written verification from electrical and gas providers have been removed
- ☐ Written verification from water/sewer services have disconnected
- ☐ Approximate date of structure
- ☐ Asbestos Abatement report required if built prior to 1975

Proof of Insurance (The only forms accepted as proof of Worker's Comp. Ins)

Workman's Compensation: One of the following:

- ☐ C-105.2 Certificate of Worker's Compensation Insurance
- ☐ CE-200 Certificate of Attestation of Exemption
- ☐ U-26.3 State Insurance Fund Version of the C-105.2 Form
- ☐ SI-12 Certificate of Worker's Compensation Self-Insurance
- ☐ GSI-12 Certificate of Group Worker's Compensation Self-Insurance
- ☐ GSI-105.2 Certificate of Participation in Worker's Comp. Group Self-Insurance
- ☐ BP-1 Owner Occupied Residence Affidavit of Exemption
- ☐ Proof of Liability (With Town of Stillwater as Certificate Holder)
- ☐ All information of Owner/Applicant and Contractor/Builder completed

If any of the information is missing from the application package the Owner/Builder listed on the application will be notified and the application will be place in the waiting for information file. The application will not be reviewed until all the missing material is received. This is our standard practice for all applications received by the Building Department.