

Wm. Patrick Madden
Mayor



Andrew J. Donovan, P.E.
City Engineer

Monica Kurzejeski
Deputy Mayor

**Bureau of Code Enforcement
Bureau of Engineering**

DEMOLITION PERMIT REQUIREMENTS

- Design drawings and/or performance specifications indicating the project extents and method of demolition of the existing structure, or portion thereof, as well as any shoring/support required for any remaining portion of the existing structure, if necessary. In lieu of drawings and specifications, the Bureau of Code Enforcement, at its discretion, may accept a written narrative and photographs adequately describing the proposed demolition extents and procedure. A project schedule with clearly defined dates for completion of asbestos abatement and completion of demolition. Based on the proposed project scope, the City of Troy reserves the right to request that the plans and/or specifications be certified by an engineer or architect licensed in the State of New York.
- A proposal of post-demolition plans/use of property, as applicable. See “Post-Demolition Plan, Statement of Agreement”.
- An asbestos survey performed by a company possessing a valid asbestos handling license, per NYCRR 56-5.

Note: In the event that asbestos-containing materials are determined to be present, all asbestos abatement work requires a separate Work Permit from the City of Troy Bureau of Code Enforcement.

- A certification of completion, of asbestos abatement performed by a company possessing a valid asbestos handling license, per NYCRR 56-5, if asbestos abatement work is required. All asbestos abatement work shall be performed in accordance with the requirements of NYCRR 56-11.4. Prior to the disposal of asbestos-containing materials, the contractor shall furnish the Bureau of Code Enforcement with documentation from an approved disposal facility that will be accepting the material.
- Certification, by the utility provider, of termination of electrical service to the property.
- Certification, by the utility provider, of termination of natural gas service to the property.

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518-687-1140

- Certification, by the Rensselaer County Health Department, that no infestation exists at the property. Phone 518.270.2670
- Verification, from the City of Troy Department of Public Utilities, of shut off of water service to the property and plugging of the sewer line from the property. See “Request for Termination of Water/Sewer” form.
- A permit, issued by the City of Troy Department of Public Utilities, for the temporary use of a City-owned fire hydrant.
- Certificates of Insurance from the proposed air-monitoring, abatement and demolition contractors, to include;
 - General Liability (\$1,000,000 each occurrence/\$2,000,000 aggregate)
 To be listed as additionally insured,
 City of Troy, New York
 433 River Street, Suite 5001
 Troy, New York 12180
 - NYS Workers’ Compensation
- Payment of applicable fees.

FEES FOR DEMOLITION PERMITS

100 TO 500 SQUARE FEET	\$75.00
501 TO 1000 SQUARE FEET	\$150.00
1001 TO 2000 SQAURE FEET	\$300.00
2001 TO 3000 SQUARE FEET	\$425.00
3001 SQUARE FEET AND UP	\$750.00

DEMOLITION PROCEDURE

1. Upon the Bureau of Code Enforcement acceptance of the Applicant's Demolition Permit application and the payment of the applicable fees, the building or structure will be posted by a Code Enforcement official.
2. The purpose of the posting is to allow for a public comment period.
3. The posting will be for a period of not less than 14 days, at which time any public concerns may be addressed
4. Following the posting period, the Bureau of Code Enforcement will contact the Applicant for the issuance of the Demolition Permit.
5. Prior to the commencement of the demolition the Applicant shall schedule a site meeting with the Bureau of Code Enforcement in order to review the proposed demolition procedure and ensure that all safety measures have been satisfactorily addressed;
Proper placement of air-monitoring equipment, proper erection of barricades, removal of glass, electric service, phone wires, cable wires, water meter, gas meter, water and gas shut off, sewer plugged and cellar floor broken up.
6. Upon completion of the demolition work, the Bureau of Code Enforcement is to be notified and an inspection shall be scheduled to ensure that;
The foundation has been removed to a depth of 24 inches below grade.
All debris and organic material has been removed from site.
7. Following the completion of this inspection, the Applicant shall be permitted to grade and seed the site. The Applicant shall use only clean fill for backfilling of the site.
8. If an approved building or structure is to be constructed on the site, the Applicant shall obtain a separate Work Permit from the Bureau of Code Enforcement for the new building or structure, prior to commencement of the construction.

For further instructions please contact the Bureau of Code Enforcement at 518-279-7180.

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**POST DEMOLITION PLAN STATEMENT OF AGREEMENT MADE AS A
CONDITION FOR RECEIVING A DEMOLITION PERMIT IN THE CITY OF
TROY, NEW YORK. (WHEN THERE ARE NO PLANS FOR THE AFTER
DEMOLITION)**

Owner of Property _____

Address of Property _____

Description of Property _____

Applicant shall submit a SITE PLAN for the site as applicant expects the lot to appear after the structure(s) are demolished. In addition to the site plan, applicant must furnish photographs (at least four) of the existing conditions at the site. (Preferably of the four corners of the property)

The site plan shall address such issues as controlling erosion and drainage from the lot, presenting a reasonable appearance for the lot, discouraging illegal dumping and parking on the lot, etc.

Every site plan shall be filed with the Bureau of Code Enforcement. After submission of the site plan, Code Enforcement staff shall review the site plan, as submitted, to determine if the submitted plan identifies and mitigates any adverse effects the site, as it would exist after the demolition, would have on the adjoining property owners and surrounding neighborhood.

Included with the site plan (to be submitted by the applicant), the following checklist of items MUST BE addressed by the applicant.

Anticipated start date, for demolition work _____ Completion date _____

All Utilities disconnected? ___ YES ___ NO

Gas service terminated? ___ inside residence ___ in street

Water terminated on _____ location _____

Sewer terminated on _____ location _____

Electric terminated on _____

Cable TV, telephone etc. terminated on _____

Any street, alley or sidewalk patches MUST match adjacent areas ___ N/A ___ To Be Completed

Foundation to be removed 24" below grade? ___ YES

Type of backfill to be used? _____

Combustible debris to be removed from site? ___ YES

Topsoil to cover entire lot for a depth of _____ inches. Topsoil source _____

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Proposed completion dates, topsoil? _____ seeding/fertilizing? _____

Method of fertilizing and seeding? _____

Existing trees and/or shrubs, to remain? YES to be removed? YES N/A

Installation of new fencing? YES NO

Encroachment(s) in the City right-of-way; stairs, ramps, etc.? YES NO

If YES, who will remove and patch to match adjacent areas? _____

Installation of new sidewalks and /or curbing proposed? YES NO

Will the lot be used for parking purposes? YES NO

Note: Approval of the City of Troy Planning Commission is required.

Other structures affected by Work; common/party walls, site retaining wall, etc.? YES NO

The applicant **MUST** fill out the check list of appropriate site plan items outlined on this form. Once submitted, Code Enforcement personnel will review all of the information submitted and determine if the applicant meets all of the requirements of the Pre-demolition plans review.

In the course of conducting this review (Planning Department staff) shall give mail notice to the adjoining property owners and **POST NOTICES ON THE SITE**.

The mail notice is designed to give the adjoining property owners a fair opportunity to identify problems that they think will arise because the structure(s) will no longer exist on the site.

I, _____, hereby agree to conform to all site plan items outlined on the site plan and attached checklist form submitted (by me) and approved by the City of Troy Bureau of Code Enforcement.

Signed By: _____ Date: _____

IF THE APPLICANT DOES NOT ACCEPT THE DETERMINATION OF THE DIRECTOR OF THE BUREAU OF CODE ENFORCEMENT (OR HIS DESIGNEE), THEN THE APPLICANT SHALL HAVE THE RIGHT TO HAVE HIS SITE PLAN REVIEWED BY THE CITY PLANNING COMMISSION. Every person, firm or corporation who shall fail to follow a plan approved pursuant to this section shall be guilty of a violation.

SITE PLAN REVIEWED AND APPROVED BY CODE ENFORCEMENT STAFF ON _____

Approved by _____ Date : _____

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INSURANCE REQUIREMENTS

*Liability, Workers Compensation & Disability Packet (as of Nov 29, 2005)
The City of Troy, New York*

Please read this entire form and determine which forms apply to you. Contractors must provide proof of general liability coverage, workers compensation coverage and disability benefits coverage. If you are a homeowner please see the special section below, which may apply to you.

These properly completed forms must be ready at the time of permit issuance. If you do not have all required forms ready at the time of permit issuance please contact Nora Decker at 270-4646 and provide her with all required forms so she can enter them into our Cityview permit issuance software. Please allow the necessary time for the forms to be entered into the computer system.

General Liability Coverage

Required form -Standard Liability Accord Form

Note: In the box entitled 'Description of Operations/Locations/Vehicles...' it must state that "The City of Troy, NY is additionally insured".
If the City of Troy, NY is certificate holder, the box may state "The Certificate Holder is additionally insured".
Minimum coverage is \$1,000,000.00 (General)

Workman's Compensation Forms (Accord Forms are not acceptable proof of WC coverage)

Workers Compensation Local District Office Location:

100 Broadway- Menands

*Albany, NY 12241
(866) 750-5157
(518)473-9166fax*

Must provide one of the following forms:

-WC/DB-100 In State, Entities with no employees.

-WC/DB-101 Out of State or Foreign, exempt from NYS coverage requirements.

Note: Affidavits must be stamped as received by the NYS Workers' Compensation Board. Forms WC/DB-100 and WC/DB-101 are available on the Board's website, www.wcb.state.ny.us, under the heading "Common Forms Online". You may also call the Albany district at (518) 486-3349.

-C105.2 Certificate of Workers' Compensation Insurance.

Note: The State Insurance Fund provides it's own version of this form, the U-26.3.

-SI-12 Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self Insurance Office at 518-402-0247), or GSI-105.2 Certificate of Participation in Worker's Compensation Group Self-Insurance (the business' Group Self-Insurance Administrator will send this form to the government entity upon request).

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CITY OF TROY

APPLICATION FOR DEMOLITION WORK PERMIT

Location of Work:		
Property Owner:	Address:	Phone:
Contractor:	Address:	Phone:

<p style="text-align: center;"><u>Checklist</u></p> <input type="checkbox"/> Asbestos Survey <input type="checkbox"/> Asbestos Abatement (if required) <input type="checkbox"/> Electric Shut-off <input type="checkbox"/> Gas Shut-off <input type="checkbox"/> Water Shut-off <input type="checkbox"/> Rodent Infestation Inspection <input type="checkbox"/> Post Demolition Agreement <input type="checkbox"/> Contractors Insurance forms	<p>Length _____ x Width _____ = Square Footage _____</p> <p>Residential <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Families _____</p> <p>Commercial <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is building declared an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Demolition Cost: _____

I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

OWNER APPLICANT'S SIGNATURE _____

CONTRACTOR APPLICANT'S NAME (PRINT) _____

OTHER APPLICANT'S EMAIL _____

DATE _____



No. _____

Department of Public Utilities
25 Water Plant Road
Troy, New York 12182
(518)237-0319
FAX: (518)233-7038

REQUEST FOR
TERMINATION OF WATER/SEWER

Date _____

Location _____ Owner _____

Owner's Phone: _____

Demolition Requested By: _____ Owner _____ Contractor _____

Contractor: _____ Phone _____

Contractor Address _____
Street City State Zip

Demolition Scheduled: _____ Immediately _____ Other _____

Applicant

(Signature)

(Print Name)

Public Utilities Use Only

Water Shut Off _____
(date)

Sewer Plugged _____
(date)

Service Terminated By _____
(date)

Approved for Demolition By _____
(date)

(Following the approval, please fax a copy of this request to Bureau of Code Enforcement: Fax# 270-4642)

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**CITY OF TROY DEPARTMENT OF PUBLIC UTILITIES POLICY
CONTRACTOR OR INDIVIDUAL USE OF FIRE HYDRANT**

It is the City of Troy, Department of Public Utilities policy to limit and restrict the use of fire hydrants in the distribution system.

The only un-permitted use of a fire hydrant in the City of Troy, Department of Public Utilities distribution system is for the purpose of providing fire protection in the case of an emergency by a recognized volunteer or paid fire department.

Under certain circumstances, the City of Troy, Department of Public Utilities may permit an individual or a company to use the fire hydrant for uses other than fire protection.

The permit will be issued only after review by the City of Troy, Department of Public Utilities or their designated representative. There is a one hundred dollar (\$100.00) permit fee.

Rules for using a fire hydrant with a permit:

1. The individual using the hydrant must be instructed in the proper use of a fire hydrant.
2. The hydrant connection must be fitted with an approved shut off valve and a backflow prevention device if required by the department.
3. The hydrant must be closed and drained at the end of each work period.
4. The hydrant must not be allowed to freeze in cold weather.
5. The individual using the hydrant must agree to accept all responsibility for the damage to the hydrant or main including repair or replacement of either.
6. The City of Troy, Department of Public Utilities requires a deposit of \$1,000.00 dollars for the duration of the time the hydrant is in use.
7. The City of Troy, Department of Public Utilities may require metering and reimbursement of water used for special permitted uses of a fire hydrant.

NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

LOCATION OF HYDRANT TO BE USED: _____

PERMIT FEE PAID, DEPOSIT: _____

SIGNATURE, PRINT, SIGN AND DATE: _____

OFFICIAL APPROVAL BY: _____

City of Troy, Department of Public Utilities
Phone (518) 237-0241 Fax (518)237-0778

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