



City of Middletown
Bureau of Fire Prevention

Theron C. Adkins, Fire Inspector
 16 James Street
 Middletown, NY 10940
 Office: (845)346-4111
 Fax: (845)343-4014
 Cell: (845)741-6116
 E-Mail: tadkins@middletown-ny.com

Removal Permit Application

DO NOT FORGET TO SIGN LAST PAGE AND SUBMIT ALL REQUIRED DOCUMENTS – AVERAGE TURNAROUND FOR ACCEPTANCE IS 2 WEEKS

Business Name		Contact or Owner Name	
ADDRESS (Physical Address of Removal)			
CITY		STATE	ZIP CODE
TELEPHONE	WORK TELEPHONE	CELL PHONE	
EMAIL ADDRESS			
MAILING ADDRESS IF DIFFERENT FROM ABOVE			
ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF PROPOSED WORK			
Contractor	COMPANY NAME		CONTACT NAME
	ADDRESS		CITY STATE ZIP CODE
	BUSINESS TELEPHONE	CELL PHONE	OTHER
	EMAIL ADDRESS		
	Fee, due with application: (\$50.00)		



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1. If work is found to have commenced without approved plans and/or a proper permit, this office reserves the right to shut down any/all portions of the entire project deemed necessary to inspect, investigate and confirm that work has been done.
2. When work for which a permit is required has been conducted without a permit or approval, a stop work is immediately posted and all permit fees immediately double upon application and plan review for an installation permit.
3. If any portion of the work performed is not clearly visible or readily accessible, you will be ordered to demolish, disassemble or remove any and all obstructions regardless of the cost incurred. Failure to comply will result in the suspension/revocation of any Building or other permits related to the site.

THE APPLICANT HERBY CERTIFIES THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWELDGE AND WILL NOTIFY THE CITY OF MIDDLETOWN FIRE INSPECTOR OF ANY CHANGES TO THE INFORMATION ON THIS APPLICATION

APPLICANT SIGNATURE		APPLICANT NAME (PRINT)		DATE
PERMIT NUMBER	ISSUE DATE	EXPIRATION DATE	FEE PAID	Theron C. Adkins, Fire Inspector