



Town Of Amenia

BUILDING DEPARTMENT

4988 Route 22, PO BOX 126, AMENIA, NY 12501

TEL: 845-373-8118 x102 FAX: 845-373-9826

E-MAIL: Building@ameniany.gov WEB: www.AmeniaNY.Gov

TANK CLOSURE/ABANDONMENT/REMOVAL PERMIT

Name of Applicant: _____

Address of Applicant: _____

Nature of Work: _____

Location of Work: _____

Start Date: _____ Finish Date: _____

Area of Excavation (Acres) _____

DEC Case Number and Approval: _____
(If needed)

The applicant hereby agrees to hold the Town of Amenia harmless on account of damages of any kind which may arise during the progress of the work authorized by this permit.

The applicant certifies all persons concerned with actual work under this permit are duly covered by workman's compensation insurance and the Town shall be held harmless.

Work under this permit shall commence within thirty (30) days of the date of the permit and be continued in an expeditious manner.

The applicant shall file with the Town of Certificate of Insurance indicating that the Town has Been named as primary insured under an insurance policy in the amount of \$1,000,000.00/ \$3,000,000.00 for liability.

Please be advised, that the undersigned accepts this agreement.

Signature of Applicant

Date

Approved:

Code Enforcement Officer

Date