



Historical Review - Proposed Demolition

Town of Clarence | Office of Planning & Zoning
(716)741-8933 | 1 Town Place, Clarence, NY 14031

Town Use Only

Date: _____

Received By: _____

PROPERTY INFORMATION:

Property Address: _____

SBL #: _____

Property Owner: _____

APPLICATION CHECKLIST:

- ☐ Detailed images of the property & any historic features.
- ☐ Copy of certified title search from first recorded source of title from the Holland Land Company.*
- ☐ Copy of the property survey.

RATIONALE FOR DEMOLITION:

GENERAL NOTES:

Additional information, which the Historic Preservation Commission may deem necessary in order to determine the age and history of the property, may be required.

The Historic Preservation Commission may request the applicant to attend a Historic Preservation Commission meeting to discuss the history of the property and answer any questions the Commission may have.

*This requirement may be waived by the Historic Preservation Commission at its discretion for hardship or good cause shown.

CONTACT INFO:

APPLICANT INFO

Name / Business: _____

E-Mail: _____

Phone #: _____

Mailing Address: _____

Town: _____

State: _____

Zip: _____

SIGNATURE

Request for Action shall be filled out completely in the spaces provided. The complete Request for Action shall be submitted to the Office of Planning and Zoning along with all necessary plans, maps, and supporting documentation. By signing below I certify that I have the authority to submit this Request for Action, and further certify its contents to be true and correct.

Signed: _____

Date: ____/____/____

Town Use Only:

Historic Review Significance Determination: _____

*** Subject to Issuance of Demolition Permit by the Town of Clarence Building Department ***

Date of Determination: ____/____/____

Referred to Building Department: ____/____/____

Permit #: _____