

DEMOLITION PERMIT NO. \_\_\_\_\_

Unique ID# \_\_\_\_\_

PLEASE PRINT LEGIBLY

DATE: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

License No. \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Owner's Name \_\_\_\_\_

Location of Work: \_\_\_\_\_

Address: \_\_\_\_\_

Demo Description/Cost \_\_\_\_\_

City/State/Zip \_\_\_\_\_

The undersigned hereby makes application for a permit to demolish a building according to the following detailed statement of the specifications and plans herein submitted. All provisions of the State of Connecticut Code shall be complied with the demolition of said building whether specified or not.

CONTRACTOR NAME: \_\_\_\_\_

Signature \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

Signature \_\_\_\_\_

Size of Building: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Deep: \_\_\_\_\_ Stories: \_\_\_\_\_

Disposal Site: \_\_\_\_\_ Asbestos Disposal Site: \_\_\_\_\_

Purpose of Building Was: \_\_\_\_\_ How Many Families: \_\_\_\_\_

Have Adjoining Property Owners Been Notified by Registered or Certified Mail? Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Have Written Evidence That All Public Utilities Have Been Severed? Yes \_\_\_\_\_ No \_\_\_\_\_

Will Fence or Barricade be Erected? Yes \_\_\_\_\_ No \_\_\_\_\_

Will Excavation be Filled to Grade? Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate of Insurance on File? Yes \_\_\_\_\_ No \_\_\_\_\_

Permit Bond Required? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE NOTE: IF CONNECTED TO SANITARY SEWER AND/OR WATER YOU MUST CONTACT THE SEWER & WATER DEPT. AT (203) 879-8140 FOR THEIR PERMIT APPROVAL PRIOR TO ISSUANCE OF A BLDG. DEMO PERMIT AND ALSO FOR RECONNECTION.**

FOR OFFICE USE ONLY:

FEE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_

ISSUED: \_\_\_\_\_

FIRE MARSHAL DATE

TITLE: \_\_\_\_\_

INLAND WETLANDS DATE

(A copy of this demolition permit must be forwarded to the Sewer and Water Dept.)