



OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington

152 Elm Street

Stonington, Connecticut 06378

(860) 535-5075 • Fax (860) 535 - 1023

APPLICATION FOR DEMOLITION PERMIT

Date _____ Permit Number _____

Name of Owner: _____

Address: _____ Phone No.: _____

Location of Property: _____

Application is hereby made to the Building Official to: _____

Assessor's Map#: _____ Block #: _____ Lot#: _____

Contractor's Name: _____		
Address: _____		
Demolition License Number: _____	Date of Issuance: _____	Expires: _____
Name of Insurance Company: _____		
Address: _____		
Amount of Insurance:		
Liability: _____	(min. \$100,000/person \$300,000 aggregate)	
Property Damage: _____	(min. \$50,000/accident \$100,000 aggregate)	
Date of Expiration: _____		

Public Utilities:

<u>Service:</u>	<u>Company</u>	<u>Date Disconnected</u>
Electric		
Gas		
Water		
Sewer		

Statement: This is to certify that the demolition authorized by this permit will be accomplished in compliance with Chapter 541 Part IV, Section 29-401 thru 29-415 of the State of Connecticut General Statutes, as revised.

Signature: _____ owner/agent

Estimated cost of work: _____ Fee: \$ _____

(Fee: \$10.00 for first \$1,000 of estimated cost; \$8.00 per \$1,000 of estimated cost after that)

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DEMOLITION PROCEDURES

The following is a general list of requirements for the demolition/removal of structures in the Town of Stonington.

In order to apply for demolition permit the following information is required:

1. Notification that all public utilities have been disconnected
2. Copies of registered/certified mail to adjoining property owners
3. Contractor must hold a Certificate of Registration for Demolition issued by State of Connecticut Department of Public Safety; unless excepted by State Statute Sec. 29-402 c
4. Provide a Certificate of Insurance demonstrating the prescribed coverage, *and which names the Town of Stonington as an additional insured.*
5. *A separate declaration from the contractor, on company letterhead signed by an officer of the company, with the following save harmless statement:
In accordance with Connecticut General Statute § 29-406, we [contractor] hereby agree to save harmless the Town of Stonington and its agents from any claim or claims arising out of the negligence of the applicant or his agents or employees in the course of the demolition operations associated with [project title, address]*
6. Application must be signed by both owner of record and contractor
7. When required, any safety measures described
8. How the accumulated materials will be disposed of (cannot be buried in foundation)
9. All permits and procedures for the removal of hazardous waste, i.e. asbestos, lead paint, etc. must be in place with proper waiting periods, copies of inspections and disposal must be submitted to this office. Verification that the Demolition Notification Form has been sent to the State of Connecticut DPH.
10. Any permit taken out in the historical district requires that a waiting period of 90 days is required before issuance of permit. In that time frame the Building Official will publish a legal notice in the local newspaper at least 60 days before the issuance of a permit is approved.

When the demolition takes place, all requirements of the State Statutes, Building Codes and Town Ordinances must be followed. Once demolition is completed and an inspection of site is completed verifying removal of all material, a letter to the Tax Assessor will be issued describing the structure and the date of removal.

Signature of property owner

Date

Signature of contractor

Date



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By Connecticut State Law

DEMOLITION PERMIT CHECKLIST

<u>REGULATION</u>	<u>SECTION</u>
1. a.) Waiting period before granting permit?	C.G.S. 29-406
b.) Local ordinance governing demolition?	C.G.S. 7-147y
2. Written evidence of a Certificate of Insurance	C.G.S. 29-253(b)
3. Public utilities Certificate of Notice	C.G.S. 29-406
4. Contractor's Certificate of Registration	C.G.S. 29-406
5. Signature of both owner and demolition contractor on permit	C.G.S. 29-406
6. Asbestos – inspection, notification – abatement	C.G.S. 19a-332a
7. Notice to adjoining property owners	C.G.S. 29-407
8. Fencing required or waived?	C.G.S. 29-408
9. Sidewalk shed required or waived?	C.G.S. 29-409
10. Disposal of debris	C.G.S. 29-412 C.G.S. 29-413
11. Basement filled to grade	C.G.S. 29-413
12. Wokermen's Compensation coverage?	P.A. 95-277
13. Taxes?	P.A. 95-320
14. Zoning Compliance?	



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY

Postmark Date
Check #
Transmittal No.
Amount Paid
Record No.

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

1. TYPE OF NOTIFICATION:

A. [] NEW B. [] EMERGENCY C. [] REVISED ITEMS REVISED:

2. FACILITY OWNER:

NAME:
ADDRESS:
CITY: STATE:
ZIP: PHONE NO.:

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME:
ADDRESS:
CITY: STATE:
ZIP: PHONE NO.:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES [] NO []

4. INSPECTION INFORMATION:

NAME OF INSPECTOR:
DATE OF INSPECTION:
LICENSE #:
INSPECTOR ADDRESS: CITY:
STATE: ZIP: PHONE NO.:

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.



Phone: (860) 509-7367/ Fax (860) 509-7378
Telephone Device for the Deaf: (860) 509- 7191
410 Capitol Avenue, MS# 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer

5(A.)	DEMOLITION START DATE:	5(B.)	DEMOLITION COMPLETION DATE:
6. USE OF FACILITY:			
A. SCHOOL (K-12)		B. PUBLIC BUILDING	
C. MANUFACTURING		D. OFFICE	
E. COLLEGE		F. COMMERCIAL	
G. CHURCH/SYNAGOGUE		H. RESIDENTIAL, # OF DWELLINGS	
I. OTHER			
<i>(I. SPECIFY)</i>			
7.	BUILDING DATA:	SQUARE FEET:	# OF FLOORS:
		AGE:	
8. DEMOLITION CONTRACTOR:			
NAME:		CONTACT PERSON:	
ADDRESS:			
CITY:		STATE:	
ZIP:		PHONE NO.:	
9. DEMOLITION DISPOSAL FACILITY:			
NAME:			
ADDRESS:			
CITY:		STATE:	
ZIP:		PHONE NO.:	
10. DEMOLITION WASTE HAULER:			
NAME:			
ADDRESS:			
CITY:		STATE:	
ZIP:		PHONE NO.:	
11. PERSON COMPLETING THIS FORM:			
NAME:			
ADDRESS:			
CITY:		STATE:	
ZIP:		PHONE NO.:	
SIGNATURE		DATE:	

The submission of the **Notification of Demolition Form** is not required provided that an **Asbestos Abatement Notification Form** was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the **Asbestos Abatement Notification Form** submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (**Notification of Demolition Form** or **Asbestos Abatement Notification Form**, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.