



TOWN OF STONINGTON

REMOVAL OF DAMAGED BUILDING(S) §12-64a

Property Location _____

Owner _____

Mailing Address _____

Phone/Cell Number _____

I hereby request the Building Official to certify that the damaged building at the above noted site has been demolished and removed, and that the site has been cleared and graded. **I understand that I am responsible to notify the Building Official when the site is completely cleared and graded.**

Applicant _____ Date _____

(For Building Official Only)

Pursuant to §12-64a of the State of Connecticut, I hereby certify that the building formerly on the above noted site was so damaged as to require total reconstruction and that its removal was to be encouraged. I further certify that the building on the above noted site was demolished and removed, and the site was cleared and graded as of

_____.

(For Assessor Only)

Pursuant to §12-64a, I have made the following assessment adjustment:

Grand List Date _____ List Number _____

Name _____

Property Address _____

Date of Fire and/or Damage _____

Date certified by Building Official _____

Pro-rate Factor _____

Original Building Assessment _____

_____ (Assessment) x _____ (Factor) = _____ Reduction

Assessment
Reduction
Prorated Assessment

The adjusted building assessment amount is for the Grand List of October .

Assessor _____ Date _____

cc: Assessor
Building Official
Tax Collector