



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:

Service:

Company

Date Disconnected

Electric

Gas

Water

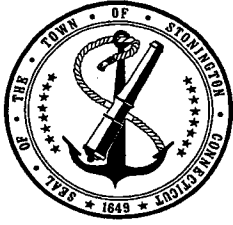
Sewer

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 the 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
5. *Application must be signed by both owner of record and contractor
6. When required any safety measures described
7. How the accumulated materials will be disposed of (cannot be buried in foundation)
8. 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 Demo/Notification Form has been sent to the State of Connecticut Department of Public Health.

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.

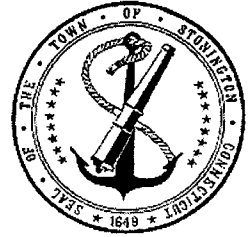
Signature of property owner *

Date

Signature of contractor*

Date

TOWN OF STONINGTON



Department of Planning
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5095 • Fax (860) 535-1023

CERTIFICATE OF ACTIVITY COMPLIANCE WITH THE STONINGTON ZONING REGULATIONS

Applicant Name: _____
Contact Number: _____
Property Owner: _____
Project Location: _____
Map/Block/Lot: _____
Date: _____
Proposed Project: _____

The proposed building permit application involves activity that will not alter the use of the building, the footprint or floor area of the building, the number of bedrooms in the building, the number of dwelling units in the building, or the use of the property. I certify that the above information is true and that I have been authorized to sign on behalf of the property owner.

Applicant's Signature

The proposed project complies with the Zoning Regulations of the Town of Stonington and a Building Permit may be applied for. This approval is limited to the proposed project's compliance with the Zoning Regulations of the Town of Stonington, for the type(s) of projects listed above and may not be substituted for any dissimilar projects. This certification is not a valid Zoning Permit or Certificate of a property's zoning compliance.

Property Located in a Flood Zone: Yes: No:

Approved by:

Candace L. Palmer, CZEO
Zoning Enforcement Official

DATED

- ◆ THIS APPROVAL IS NOT VALID UNLESS SIGNED BY THE ZONING ENFORCEMENT OFFICIAL.
- ◆ IF THIS PROPERTY IS LOCATED IN A FLOOD ZONE, ALL IMPROVEMENTS COUNT TOWARDS SUBSTANTIAL IMPROVEMENT.
- ◆ THIS APPROVAL IS VALID FOR A PERIOD OF ONE (1) YEAR.



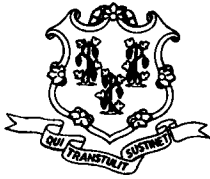
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By Connecticut State Law

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. Workmen'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: _____

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

(Inspection information applicable to facilities subject to the asbestos NESHP, 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 (NESHPs) 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:
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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. SPECIFY)

7. BUILDING DATA:

SQUARE FEET:	# OF FLOORS:	AGE:
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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.