



DEMOLITION PERMIT APPLICATION

Date: _____

Permit No.: _____ Check No.: _____

Job Location Address: _____

Owner's Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Fax: _____

Contractor: _____ License No.: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Fax: _____

Estimate cost of Demolition: _____

HARD COPIES REQUIRED BEFORE A PERMIT CAN BE ISSUED

- C.G.S. 29-406: Certificate of Insurance –specifying demolition purposes.
Bodily Injury Liability 100,000/Person -- 300,000/ Aggregate Property Damage 50,000/Accident -- 100,000/Aggregate
Note on Insurance: Naugatuck and Agent's held harmless from any claim arising out of negligence in course of
demolition operations
- C.G.S. 29-406: Certificate of Notice by all public utilities U.I., SCGC, Regional Water, Communications
- C.G.S. 29-406: Current valid certificate of registration: Type A Type B where applicable
- C.G.S. 29-406: Ninety (90) day waiting period – note: historical building
- C.G.S. 29-407: Notice to adjoining owner. By registered or certified mail received
- C.G.S. 8-3: Zoning
- C.G.S. 29-263: Fire Marshal
- C.G.S. 29-408: Fencing required?
- C.G.S. 29-413: Fill to grade
- C.G.S. 29-412: Disposal of debris?
- Sidewalk Shed?
- BOCA-107-6: Site plan, required
- PA 95-277: Workman's Compensation

I certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, we agree to conform to all demolition applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

REQUIRED SIGNATURE OF OWNER & CONTRACTOR:

Owner (print): _____ Estimated Cost \$ _____

Owner (signature): _____ State Educ. Fee \$ _____

Contractor (print): _____ Permit. Fee \$ _____

Contractor: (signature): _____ Inspection Fee \$ _____

Total Fee \$ _____

Building Official: _____