

MAILING ADDRESS:

BUILDING DEPARTMENT
P.O. BOX 12
BANTAM, CT 06750

Application for Demolition Permit

Date: _____ Estimated value: \$ _____ Fee: \$ _____

Street # _____

Map: _____ block: _____ lot no: _____

Owner of Structure _____

Address of Owner _____

Demolition Contractor _____ Phone: _____

Address of Contractor _____

Certificate of Registration # _____ Class: _____

Name of Designated Technical Expert _____

REQUIREMENTS

1. Notice to adjoining property owners by registered or certified mail. (Sec. 29-407)
2. Certificate of Insurance (Sec. 29-406)
3. Certificate from public utilities stating that such utilities having service connections within the premises proposed to be demolished have severed such connections and service.
4. Sign-off by Torrington Area Health (860) 489-0436.
5. Sign-off by the Town's Land-Use Administrator (860) 567-7565.

The Building Official may make further requirements as he deems necessary for the protection of the public, the adjoining properties, the workmen or any personalty of such owners and its use.

Remarks:

This is to certify that I am the owner or authorized agent for the owner. All work has been authorized by the owner of this property and will comply with the provisions of the State Demolition Code.

Owner or agent's signature _____ Date _____

This is to certify that I am a contractor or authorized agent for the contractor. All work will comply with the provisions of the State Demolition Code and the Connecticut Basic Building Code.

Owner or agent's signature _____ Date _____