

Mailing Address:**TOWN OF CORNWALL, BUILDING DEPARTMENT****PO BOX 141 (26 KENT RD SOUTH)****CORNWALL BRIDGE, CT 06754****O. (860) 672-0711 C. (860) 480-9154****Fee Schedule****\$30 FOR THE FIRST \$1,000****\$10 FOR EACH ADDITIONAL 1,000 OR PART THEREOF****Application for Demolition Permit**

Date: _____ Estimated Value: _____ Fee: _____

Address of Job: No: _____ Street: _____

Map: _____ Block: _____ Lot: _____

Owner of Structure: _____

Mailing Address of Owner: _____

Demo*on Contractor: _____

Address of Contractor: _____

Demolition License No: _____

Type of Structure to be Demolished: _____

☐ **Requirement #1: Notice to adjoining (abutter) property owners by registered or certified mail. (Sec. 29-407)**

1. _____ 2. _____

3. _____ 4. _____

☐ **Requirement #2: Certificate of Insurance. (Sec. 29-406)**☐ **Requirement #3: Certificate from public utilities stating that such utilities having severed such connections and service. Where applicable, electric, water, cable, telephone, gas and oil.**☐ **Requirement #4: Documentation that there is no Hazardous Waste, or it has been appropriately remediated.**☐ **Requirement #5: Sign-Off by Torrington Area Health District. www.tahd.org (860) 489-0436, ext. 324**☐ **Requirement #6: Sign-Off by Town's Land-Use Administrator. www.cornwallct.org (860) 672-4957**

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

Owner's Signature: _____ Date: _____

This is to certify that I am a licensed Demolition Contractor, and all work will comply with the provisions of the State Demolition Code and the Connecticut Basic Building Code. (Sec. 29-407)

Contractor's Signature: _____ Date: _____

Building Official Approval: _____ Date: _____

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