

DEMOLITION APPLICATION FORM

Permit No.: _____

Job Address: _____
(Number) (Street) (Unit)

Job Description: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Contractor: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

License Type: _____ License No.: _____ Expiration Date: _____

I hereby certify that the proposed work will conform to the State Demolition Code, State Building Code and all other codes as adopted by the State of Connecticut and the Town of Montville.

Owner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

Demolition Value: _____

Demolition Fee: _____

Items required for submission:

- Demolition contractor registration (Class A or B) (C.G.S. Sec. 29-402)
 - The following are exempt from the registration requirements
 - Person engaged in the disassembling, transportation and reconstruction of historic buildings for historic purposes
 - Demolition of farm buildings
 - Renovation, alteration or reconstruction of a single-family residence
 - Demolition of a single-family residence or out building by an owner of such structure if it does not exceed a height of 30'-0", provided that the owner will be present on site while such demolition work is in progress and the structure(s) have a clearance from other structures, roads, highways equal to or greater than the height of the structure subject to demolition
- Copy of certificate of insurance specifying demolition purposes and providing (C.G.S. Sec. 29-406);
 - Liability coverage for bodily injury \$100,000 minimum per person with an aggregate of at least \$300,000
 - Property damage \$50,000 per accident with an aggregate of at least \$100,000
- Certificate shall provide that the Town of Salem and its agents shall be saved harmless from any claim or claims arising out of negligence of the applicant or his agents or employees in the course of the demolition operations. (C.G.S. Sec. 29-406)
- Certificate of notice by all public utilities having service connections within the premises proposed to be demolished, stating that such utilities have severed such connections and service. (C.G.S. Sec. 29-406)
- Adjoining property owners have been notified by registered or certified mail at such owner's last address according to the records of the assessor. (C.G.S. Sec. 29-406)
- Health approval



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DEMOLITION NOTIFICATION FORM

STATE USE ONLY

Postmark Date	_____
Check #	_____
Trans. No	_____
Amount Paid	_____
Record No.	_____

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health (DPH) at least ten days prior to the start of demolition as required by the Regulations of CT State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of fifty (\$50) dollars, payable by check or money order to "Treasurer, State of CT". For facilities that are regulated by the US EPA under the authority of the federal asbestos National Emissions Standard for Hazardous Air Pollutants (NESHAP), please review the guidance document issued by EPA Region 1, regarding emergency renovations and demolitions. Additional instructions are found on the back page of this form.

1. NOTIFICATION TYPE

NEW EMERGENCY REVISED, ITEMS REVISED:

2. FACILITY OWNER:

NAME: _____ PHONE NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME: _____

ADDRESS: _____

CITY: _____ CT ZIP: _____ PHONE/CONTACT: _____

4. INSPECTION INFORMATION:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES NO DATE OF INSPECTION: _____

INSPECTOR NAME : _____ LICENSE #: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE NO.: _____

5(A.) DEMOLITION START DATE: _____ **REVISED START** _____

5(B.) COMPLETION DATE _____ **REVISED END** _____

6. USE OF FACILITY:

A. SCHOOL (K-12) B. PUBLIC BUILDING C. MANUFACTURING D. OFFICE E. COLLEGE

F. COMMERCIAL G. RELIGIOUS INSTITUTION H. RESIDENTIAL # OF DWELLINGS _____

I. OTHER (I. SPECIFY) _____



Phone: (860) 509-7367/ Fax (860) 509-7378
 Telephone Device for the Deaf: (860) 509- 7191
 410 Capitol Avenue, MS# 12AIR
 P.O. Box 340308
 Hartford, CT 06134-0308
 Affirmative Action / An Equal Opportunity Employer



7. **BUILDING DATA:** Size (SQ.FT. _____ # OF FLOORS: _____ AGE: YEARS _____

8. **DEMOLITION CONTRACTOR:**

NAME: _____ DEMO LICENSE # _____

ADDRESS: _____

CITY: _____ CONTACT _____

PHONE NO.: _____ STATE: _____ ZIP: _____

9. **DEMOLITION DISPOSAL FACILITY:**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: _____

10. **DEMOLITION WASTE HAULER:**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: _____

ADDITIONAL SITES, HAULERS, CONTRACTORS

11. **PERSON COMPLETING THIS FORM:**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: _____

SIGNATURE _____ **DATE:** _____

(Inspection information applicable to facilities subject to the asbestos NESHAP, 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 (NESHAPs) regulation, the owner or operator of a facility (see definition) shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II non-friable asbestos. A notification is required for all demolitions of a "facility".*

The submission of the "Notification of Demolition" form is not required, provided that an "Asbestos Abatement Notification" form was submitted to the Department of Public Health involving abatement related to the demolition of the facility and the notification denotes "demolition". In that case, the "Asbestos Abatement Notification" form submitted to the Department of Public Health satisfies 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.



Requirements For The Demolition Of A Structure

Property Address: _____

Property owner: _____

Owner's Address: _____

Owner's Telephone Number: _____

- 1. Water line from well has been disconnected and sealed? Yes No well connection
- 2. Sewer line to the septic tank has been disconnected and sealed? Yes No septic system
- 3. Oil tank has been emptied? Yes No oil tank
 - a. Copy of invoice for removal of oil attached? Yes No N/A
- 4. Asbestos inspection completed and form submitted to CT DPH? Yes No
 - a. Copy of DPH form attached? Yes No
 - b. Asbestos abatement completed: Yes (Attach copy of clearance letter)
 Abatement not required
 - c. Asbestos abatement requires removal of building components i.e. doors and/or windows that requires a demolition permit? Yes No

NOTE: If asbestos abatement requires removal of building components i.e. doors and/or windows that require a demolition permit, the abatement must be completed and the clearance letter submitted to the District prior to any demolition other than that required for the asbestos abatement.

I, _____, am the owner/contractor of the property at _____
_____, which is going to be demolished. I certify that the above requirements have been met.

Signature owner/contractor

This form must be notarized and returned to the Uncas Health District before the District will sign off for the demolition

_____, personally appeared and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

Subscribed and sworn to me before this _____ day of _____, 20____.

State of Connecticut)
County of)

Notary Public

My Commission Expires: _____