



Demolition Permit Application

Permit # _____ Map: _____ Lot: _____ Year Built: _____ Date: _____

Property Address: _____

Property Owner: _____ Phone # _____

Mailing Address: _____

Name of Applicant (if owner, enter same) _____ Phone # _____

Applicant Address: _____

Name of Demolition Contractor: _____

Contractor Address: _____

Contractor's License # _____ Exp Date: _____ Phone # _____

***Note: All contractors must provide copy of State of Connecticut Trade License AND Certificate of Insurance**

CIRCLE TYPE OF STRUCTURE TO BE DEMOLISHED:

Residential Home (1-2 Family Dwelling)

Townhouse Structure (Private Residential)

Commercial Building

Accessory Structure to (1-2 Family Dwelling)

Institutional Building (School, Hospital, etc.)

****Demolition Delay is required if structure is over seventy-five years of age ****

All Items Listed below MUST be Submitted with Application

Letters from Utility Companies Confirming Safe Disconnection

<input type="checkbox"/> Electrical	<input type="checkbox"/> Gas/Oil	<input type="checkbox"/> Water
<input type="checkbox"/> Telephone	<input type="checkbox"/> Cable	<input type="checkbox"/> Sanitation

Authorized Contractor Information

Name (Print) _____

Signature _____

Current Owner Authorization

Name (Print) _____

Signature _____

Estimated Value: _____	Demo Fee: \$ _____	Edu Fee: _____	Sanitation Fee: \$75 _____
TOTAL COST: _____		Cash/Check# _____	Date Paid: _____

PERMISSION IS HEARBY GRANTED

For removal of structure located at: _____ Date Issued _____

Killingworth Building Official

Demolition Certifications

Certification: I hereby 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 that I have been authorized by the owner to make this application as an authorized agent. We agree to conform to all applicable laws, regulations of the State of Connecticut Demolition Code and Local Ordinances. All information contained in the foregoing Application for Demolition Permit is true and accurate to the best of my knowledge and belief.

Owner/Agent Signature: _____

Printed Name: _____

Date: _____

Certification of Intent: We hereby certify that the proposed demolition work will be carried out in compliance with all provisions of the State of Connecticut Demolition Code. We further certify that written notice of the proposed demolition has been sent to each adjoining property owner by registered or certified mail at such owner's last address according to the records of the assessor of the Town of Killingworth and those copies of certificates of mailings are attached to this Application. By signing below we hereby attest, jointly and severally, that all information contained in the foregoing Application for Demolition Permit is true and accurate to the best of my knowledge and belief.

Owner/Agent Signature: _____

Contractor Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

IMPORTANT

In accordance with C.G.S. Chapter 541, Section 29-406, No person shall be eligible to receive a permit under this section unless he furnishes to the Building Official written evidence (1) of financial responsibility in the form of a certificate of insurance specifying demolition purposes and providing liability coverage for bodily injury of at least one hundred thousand dollars (\$100,000) per person and an aggregate of at least three hundred thousand (\$300,000), and for property damage of at least fifty thousand (\$50,000) dollars per accident with an aggregate of at least one hundred thousand dollars (\$100,000); each such certificate shall provide that the Town of Killingworth and its agents shall be saved harmless from any claim or claims arising out of the negligence of the applicant or his agents or employees in the course of the demolition operations.

Certificate of Insurance Attached Limits of Liability Comply w/CGS Certified Mailings Attached